2680

CERTIFICATE OF DEATH

02661

2000	Keg. Dist. No.					
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) Owings Mills 35yrs.	Owings Mills					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pleasant Hill Road	d. STREET ADDRESS Pleasant Hill Road o. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)					
3. NAME OF DECEASED (Type or print) Benjamin J. J. Allison	Lost 4. DATE Month Day Year DEATH March 31, 1961 19					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 1 June 2, 1878 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Manilhs Days Hours Min.					
10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IN during most of working life, even if retired) Gardener	IDUSTRY 11. BIRTHPLACE (Slote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
tranklin D. Allison	Isabelle Henry					
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Louis F. Sisson, 1603 Providence Road Rollimore J. Md.					
Candilians, if any, which gave rise to immediate couse (a), stating the under. DUE TO lying couse lost. DUE TO (c)	cotic Cardio-Vascular Disease Years					
ICATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO					
20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING ☐ CAUSE OF DEATH U[IF EITHER, NOTIFY MEDICAL EXAMINER]	RRED. (Enter nature of injury in Part I or Part II of Item 18.)					
	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (Caunty) (State)					
SIGNATURE Martin E. Stroke	ath accurred at 11A M, from the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. 48 Main Street 3-31-61					
PHYSICIAN'S Martin E. Strobel, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETER)	· · · · · · · · · · · · · · · · · · ·					
Burial 4/4/01 JONE (NO.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE					
Langerd 9. Ruck 5305 Hartord Roa	2d #14 DAPR 4 '61 arilan & Thate					

and 2 shauld be filed with urs after death. Page 4 D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamony be kined by the haspital or attending physician.

D FUNERX. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remare carban papers. Pages I are the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. AND O HOSPITA AND O

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		2681		STATE DEPA		TE OF DEAT		IMORE, 1	Rea. Di	ies Ne	00	200
1: 6	PLACE OF DEATH O. COUNTY Ba	ltimore		MARY	LAND	2. USUAL RESIDENCE (W o. STATE Maryl		lived. If institution b. COUNTY		-	1144	ian)
1	RURAL ond give n		ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If		ate limits, write R	JRAL and	give ned	aresi lowr	1
1	OR INSTITUTION	TAL (If not in haspital, g		address)		Baltimos d. STREET ADDRESS			2		ON A	IDENCE FARM?
	NAME OF	In The Pi		Middle		1909 Fores	4. DATE	K Avenue		Do		NO 🔯
(SON, Sr.	DEATH	Marc		23		1961
5. \$	Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRII		3. DATE OF BIRTH May 18, 1879		9. AGE (In years last birthday) 81 yrs.	Months	Doys	Hours	Min.
10a.	USUAL OCCUPATION during most of work Sales	ON (Give kind of work a king life, even if retired	dane 10b.	Produce		TRY 11. BIRTHPLACE (Slote	or foreign co	untry)	12.CIT		WHATC	OUNTRY
13.	FATHER'S NAME			Froduce		Baltimo	NAME		- Anna	US/	7	
15. (Yes		e A. Ander R IN U. S. ARMED FOR (If yes, give wor or dolen of to	CES? 16.	SOCIAL SECURITY NO	_	IFORMANT		Miller Addr 1909 Fo	-			
TION	Conditions, if a gove rise to i cause (a), stating lying cause lost. Part II. OTI	mmediate DUE TO)	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE). (Enter nature of injury in	Part i or Port	II of item 18.)			YES	NO [
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	NY Month, Doy, Yee	20d, I While of wor	NJURY OCCURRED Not while of work	20e. PLA foc	CE OF INJURY (Home, farr lory, street, office bldg., etc	m, 20f. (City	ar town)	(County)		(Stote
	ACTUAL SIGNATURE	not 1 attended the carch 72 halin B	, 12 Hu	ruit		accurred a 4.3 a	M, fram t	1-3, 1% l, the causes an oel, city or town, on Bulley	d on the stote)			
	BURIAL, CREMATIC REMOVAL (Specify) Burial	3/25/19		Woodlaw		CREMATORY	22d. LOCATI	imore		Ma	rvla	
	SUNERAL DIRECTOR			ADDRESS		24g. REC	D BY REGISTE AR 2 7 '6	RAR 246, REGIS	TRAR'S SI	GNATU	RE	

2005 Per - - - Restrictives A Martin Control of the Control of t - 18 CTOT SELVENTED LESS AND SERVE to a little of the second state of the second 2002-00-1 1 (2005-04) WALL MARKET AND The Park Command of the Continue of the Contin Control Laboration the first that the second of t And the first of the second of and a second to require the first that the first than

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — RAITIMORE 1. MAR

TISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		OF STATISTICAL RESEARCH AND RECORDS -	_
68	2	CERTIFICATE OF DI	5

02663

1. PLACE OF DEATH					
o. COUNTY					tution: Residence before admission)
	ltimore	MARYLAND	Maryla	and b. COUN	Baltimore
	(If autside corporate limit	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, writ	e RURAL and give nearest town)
Arbutus		2 Yrs.	Arbutus		
d. NAME OF HOSP	ITAL (If nat in haspital, gi		d. STREET ADDRESS		e. IS RESIDENCI
5522 Seli	na Ave.		5522 Selm	a Ave.	YES NO I
3. NAME OF DECEASED (Type or print)	Nina M.A		Last	4. DATE OF DEATH March	29,1961 19
5. SEX		7. MA'RRIED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 H
Female	White	WIDOWED DIVORCED	January 29.	7 Q 7 4 Ight birthdo	y) Months Days Hours Min
100. USUAL OCCUPAT	ION (Give kind of work d	one 10b. KIND OF BUSINESS OR INDI			12. CITIZEN OF WHAT COUNT
Waitress	rking life, even if retired)	Restaurant	Maryland		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN I		
Unknow	n		Marie Gri	mes	
	ER IN U. S. ARMED FORCE	CES? 16. SOCIAL SECURITY NO. 17.			Address
(Yes, no, or unknown) No	(If yes, give war or dates of se	212-30-4134	Jesse M. App	y 5522 Sel	ma Ava.
		use per line for (a), (b), and (c).	ococc marph	7 0022 502	INTERVAL BETWEEN
Conditions, in		with mites	loses to	spine	6 mo.
Conditions, if gave rise to cause (a), stating lying couse lost	Ony, which (b) (b) immediate the under-	with miles	loses to	spine	6 mo.
gave rise to cause (a), stating lying couse lost	Ony, which immediate the under-	with miles	T NOT RELATED TO THE TERM	Refine INAL DISEASE CONDITION	GIVEN IN PART 1(0) 19, WAS AUTOPPERFORMED? YES NO [
gave rise to cause (a), stating lying couse lost PART II. O' PART II. O' PART III. O' O' CONTRIBUTING (IF EITHER, NOTIF	DUE TO Ony, which (b) immediate pue TO g the under- THER SIGNIFICANT CONE	with mile			PERFORMED?
gave rise to cause (a), stating lying couse lost	DUE TO Ony, which immediate the under to th	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURR 17 20d. INJURY OCCURRED 20c. P		Port I or Part II of item 18.]	PERFORMED?
gave rise to cause (a), stating lying couse lost plant II. O' PART II. O' OR CONTRIBUTING (IF EITHER, NOTIF Hour o.m., p. m. 21. i certify the	DUE TO Ony, which immediate the under to th	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while at work at work at work attended the deceased fram.	ED. (Enter noture of injury in LACE OF INJURY IHome, fornactory, street, office bldg., etc.	Port I or Part II of item 18.]	(County) (Ste
Que rise to cause (a), stating lying couse lost lying couse lost PART II. O' OR CONTRIBUTING (IF EITHER, NOTIF Hour o.m., p. m. 21. i certify the saw the deceded.	DUE TO Ony, which immediate to the under. THER SIGNIFICANT CONE TAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Manth, Day, Yea	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while at work at work at work attended the deceased fram.	ED. (Enter noture of injury in LACE OF INJURY IHome, fornactory, street, office bldg., etc.	Port I or Part II of item 18.]	(County) (Ste
gave rise to cause (a), stating lying couse lost plant II. O' PART II. O' OR CONTRIBUTING (IF EITHER, NOTIF Hour o.m., p. m. 21. i certify the	DUE TO Ony, which immediate the under to th	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while at work at work at work attended the deceased fram.	LACE OF INJURY IHome, formatory, street, office bldg., etc.	Port I or Part II of item 18.] 1. 20f. (City or town) 1. 10	PERFORMED? YES NO [(County) (Ste
gave rise to cause (a), stoling lying couse lost PART II. O' PART II. O' 20a. ACCIDENT WO O'R CONTRIBUTING (IF EITHER, NOTIFE LITHER, NOTIFE LITHER, NOTIFE LITHER, NOTIFE LITHER, NOTIFE LITHER, NOTIFE LITHER, NOTIFE LI	DUE TO Ony, which immediate the under to th	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while at work at work at work attended the deceased fram.	LACE OF INJURY IHome, formactory, street, office bldg., etc. death accurred at Z M.D. ATTENDING MPHYS.	Port I or Part II of item 18.]	(County) (Ste
Que rise to cause (a), stating lying couse lost lying couse lost PART II. O' OR CONTRIBUTING (IF EITHER, NOTIF Hour o.m., p. m. 21. i certify the saw the deceded.	ODUE TO ODIN, which immediate at the under- or the under- OTHER SIGNIFICANT CONE (AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Day, Year 19 at (I) (this haspital) assed alive an open of the underly decrease of the underly dec	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while at work at work at work attended the deceased fram.	LACE OF INJURY IHome, formactory, street, office bldg., etc. death accurred at Z M.D. ATTENDING MPHYS. DI 22d. ADDRESS	Port I or Part II of item 18.] 20f. (City or town) M, fram the causes ED. STARF	(County) (Ste
gave rise to cause (a), stoting lying couse lost PART II. Of PART II. Of PART II. Of CONTRIBUTION (IF EITHER, NOTIF EITHER, NOTIF LOW DR. CONTRIBUTION (IF EITHER, NOTIF LOW DR. M. M. CONTRIBUTION (IF EITHER, NOTIF LOW DR. M. M. CONTRIBUTION DE CONTRIBUTI	DUE TO Ony, which immediate a the under- of	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED While Not while at work 1 29. P. F. And that A attended the deceased fram. AND 29. 19.61., and that Lyharthy Daubharthy	LACE OF INJURY IHome, fornactory, street, office bldg., etc. death accurred at 24 M.D. ATTENDING M.PHYS. 22d. ADDRESS 1264 F1	Port I or Part II of item 18.] 20f. (City or town) M, fram the causes ED. STARF	(County) (Steel 29, 19.61, that (I) (we) Ideand on the date stated above 22b.DATE 25.51GN Balto. 27, Md.
gave rise to cause (a), stating lying couse lost plant II. Of PART II. Of PART II. Of CONTRIBUTION (IF EITHER, NOTIF Hour o. m. p. m. 21. i certify the sow the deced Z2o. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	DUE TO Ony, which immediate a the under- of	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURRED While Not while at work 1 29. P. F. And that A attended the deceased fram. AND 29. 19.61., and that Lyharthy Daubharthy	D. (Enter noture of injury in LACE OF INJURY IHome, formatory, street, office bldg., etc., 19 death accurred at Z. M.D. ATTENDING M.D. PHYS. D. 22d. ADDRESS 1264 FT	Port I or Part II of item 18.] 1. 20f. (City or town) 20f. (city or town) 30f. fram the causes ED. STAFF PHYS. 213d. LOCATION (City, town)	(County) (Steel No. 1) (Steel
gave rise to cause (a), stating lying couse lost lying couse lost PART II. O' PART II. O' OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJUHOUR o. m. p. m. 21. i certify the sow the deced 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATI REMOVAL (Specify REMOVAL	DUE TO Ony, which immediate of the under- o	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURR 20d. INJURY OCCURRED While Not while at work at work at work at work and that 29 19 61., and that Daugharthy F 23c. NAME OF CEMETERY OF	death accurred at ZA ATTENDING M.D. ATTENDING DI 22d. ADDRESS 1264 Fr DR CREMATORY 25a. REC.	Port I or Part II of item 18.] 20f. (City or town) M, fram the causes ED. STAFF RECTOR STAFF PHYS. 23d. LOCATION (City, tow Dorsey, How	(County) (Steel No. 1) (County) (Steel No. 29, 19.61, that (I) (we) Ic and an the date stated above 22b. DATE 25.1GN (Balto. 27, Md. (Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUND. DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59 entrante alexante

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (12664)

A	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed fived, If institution, Residence before admission)
Ph. I	O. COUNTY BANTIMORE MARYLAND	e. STATE b. COUNTY
IVI	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearast town)
	write RURAL and give neerest town)	(D) 111
9	OWINGS MILLS 22MO	Baltimore 3101-5
Dr.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS I. IS RESIDENCE ON A FARMZ
	Kosewood State Training School	120 So. Carl ton YES NO
1	3. NAME OF First Middle	Last 4. DATE Month Day Yeer
	(Typa or print) CHARNES SHERIDA	AN ARMSTRON GEATH MAR 20 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	FEB 12,1956 Syrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
	None	BALTIMORE MD. U.S.A.
F	V3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles Eugene Armstrong	Evelyn houise Tasker
		INFORMANT Address
	(Yes, no, or unkown) (If yes give war or dales of service)	hart of Rosewood owings prills, ald
	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).)	hart of Kosewood Dwings on ils, ald
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (6) CESperation 17	food 10 km
	1 152 DUE TO	
	Conditions, if any, which (b) General dele	ility- since ndm.
	gave rise to immediate cause	or or 7 4
	[a], stating the underlying DUE TO	1. U
	cause lost. (c) Device mile	rocymacy since of Mh
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	13 mental retardation.	YES NO V
2	□ 120a. ACCIDENT WAS UNDERLYING □ □ 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Da. PL	ACE OF INJURY (Homa, ferm, 1 2Df. (City or town) (County) (Stets)
	Hour a.m. While Not While	etary, street, affica bldg., etc.)
	The state of the s	
	21. I certify that (I) (this hospital) attended the deceased from	May 26 1961, to Mar. 20, 1961, that (1) (we) last
	saw the deceased alive on May 20 19.61, and the	at death occured 3.45AM, from the causes and on the date stated above.
	22e. SIGNATURE	22b. DATE
	Doing Rid There's	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. SIGNED
3	22c, PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Place Koid Harris	Devision mill muland
	Office Mela Jackins	accounty miles, may and
	238. BURIAL CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Statu)
	C 9km 23 - 6/ (malong B)	ourly Callmore, Wa,
0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	to 11 H Hugh D.h.	Il Sund DATEMAR 27'61 arthur & thomas
D.	(san) T / Man / arion	The state of the s

the state of the state of the state of the state of the same of the state of the same of the s 2 - V - (1) - (1) - (1) - (1) 20 - MALE | 9 1 61 / 2 with a promotion to the mortigae remains of them are in the when the second was apriliable to the The state of the s ALVE TO THE STATE OF there were surred through man and

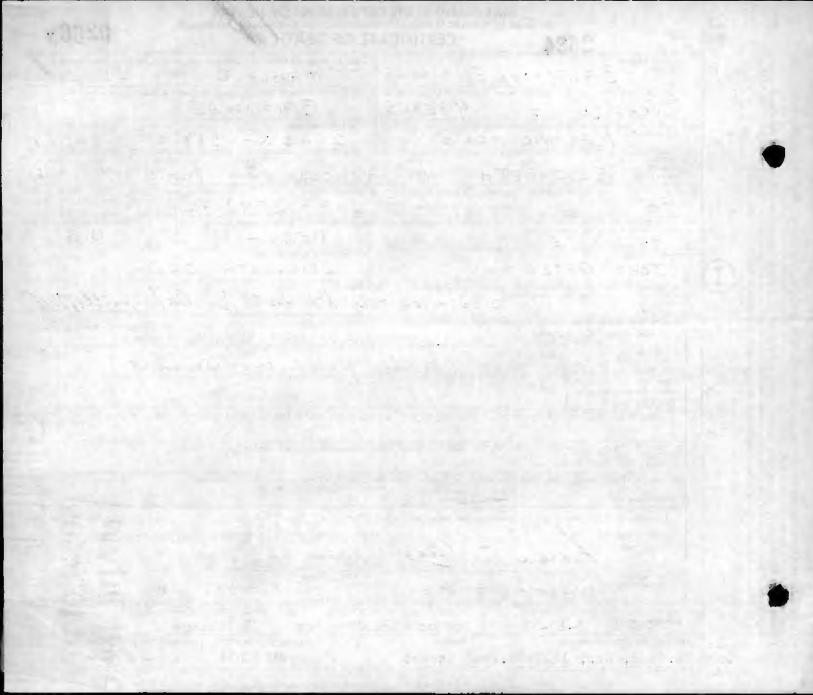
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be used by the hospital or attending physician. TO FUNE. DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the Stote Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02665

	2684	CERTIFIC	CATE OF DEA	ATH		05000
1. PLACE OF DEATH o. COUNTY	BALTIM	ORE MARYLA		ARYLAND		e before admission)
RURAL and give	(If autside corporate limits, negrest tawn)	write c. LENGTH OF STAY IN 9 YEAR		WN (If outside corporate line) ALTIMOR		ive nearest town)
d. NAME OF HOSE OR INSTITUTION	MASONIC	e street address) HOME	d. STREET ADD	ORESS 03 RAMS	EY ST	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ELIZABI	ETH Middle	ARNOL.	4. DATE OF DEATH	MAR	9 19 6/
5. SEX	W	MARRIED NEVER MARRIED VIDOWED W DIVORCED	0 2-9-	13/19 8	birthday) Months 2 yrs.	1 YEAR IF UNDER 24 HRS Days Haurs Min.
HOUS	FION (Give kind of work do orking life, even if retired) SEWIFE	ne 10b. KIND OF BUSINESS OR	INDUSTRY 11, BIRTHPLACE	E (State ar fareign country)	12. CITI2	U . S
13. FATHER'S NAME	V GATER	MAN	14. MOTHER'S M	2ABETH	OLD	
15. WAS DECEASED E	VER IN U. S. ARMED FORCE (If yes, give wor or doles of serv		Trank L.	Smith J.	Cochey	ville, med
	PATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ony, which (b) immediate of the under-	e per line for (o). (b), and (c).] Anterio 10 Crusa	,	Carlo Vasan		INTERVAL BETWEEN ONSET AND DEATH
20g. ACCIDENT V	WAS UNDERLYING ☐ 2	TIONS CONTRIBUTING TO DEATH			2	PERFORMED? YES NO
(IF EITHER, NOTIL	FY MEDICAL EXAMINER) URY Month, Day, Year	20d. INJURY OCCURRED While Nat while of work of the orthographs	De. PLACE OF INJURY (Ho foctory, street, office b	me, farm, 20f. (City ar tailidg., etc.)	wn) (C	County) (State
	ased alive on 3-	attended the deceased fr 9 1961, and the	ATTENDING M.D. PHYS. 22d. ADDRESS	DIRECTOR DIPH	causes and on the	that (I) (we) last date stated above 22b. DATE SIGNED
23a. BURIAL, CREMAT		23c. NAME OF CEMETI			City, tawn, ar county)	(State)
24, FUNERAL DIRECTO		ADDRESS		50. REC'D BY REGISTRAR	25b, REGISTRAR'S SIG	



MARYLAND STATE DEPARTMENT ISE HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. DATE OF DEATH NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE II. COUNTY HE NOT IN HOSPITAL OF MISTIFUNDA ·Maryland **FULL NAME OF** (If outside city limits, write RURAL and give township) ADDRESS OR LOCATIONS HOSPITAL OR c. CITY OR TOWN INSTITUTION lendown Raltimore 24 STREET ADDRESS (If rurot, give location) Island Point Road 9. AGE (In years last birthday) B. DATE OF BIRTH tf Under 1 Yr. If Under 24 Hrs. 6. COLOR OR RACE SINGLE MARRIED 5. SEX WIDOWED, DIVORCED (Specify) Months Dovs Hours Min. 12. CITIZEN OF WHAT COUNTRY? 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10.A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marvland 13. FATHER'S NAME ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (If yes, give wor or dates of service) SECURITY NO. (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH 1.8 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death) **DUE TO ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING Manigony dorock RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION CITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF BEATH, ENTER IN PART I OR PART II 19s. CONDITION FOR MINES OPERATION 19A. DATE OF OPERATION WAS PERFORMED 22. I certify that (I) (this hospital) attended the deceased from ___, that (I) (we) last saw the deceased alive on Dam, from the causes and on the date stated above. and that in (my) (our) opinion death occurred at_ 23c. DATE SIGNED A DDRESS 23A. SIGNATURE MED DIRECTOR [STAFF PHY. ATTENDING PHYS (State) (City, town, or county) 24A. BURIAL, CREMATION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24s. DATE 25c FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT.

funeral ਰ should

the 12

ET

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and

physician

attending Then

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PRESTON STREET, BALTIMORE 1, MARYLAND SION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before edmission) a. COUNTY MARYLAND b. City OR TOWN (if outs de corporate I mits, and c. I FNGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town, yd n. write RURAL and give nearest town) CATONS VIII d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address 00 NAME OF DECEASED OF DEATH (Type or print) 5. SEX in years | IF UNDER 1 YEAR 8. DATE NEVER MARRIED air. day) Months WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired -UMBC 13. FATHER'S NAME please attending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 17. oval, (Yes, no, or unkown) (Ifyesg.vewarordelesofservice) the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), staling the underlying ceuse lest. 206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I of Item 18, OR CONTRIBUTING [] CAUSE OF DEATH] (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dev. Yeer factory, street, office bldg , etc., While Not While Hour a.m. et work at work 21. I certify that (I) (this shospite!) attended the deceased from. saw the deceased alive on. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS, M.D.

ONSET AND DEATH PART II OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? NO Z (County) (State) .19.6/... and that death occured at R. 7. From the causes and on the date stated above 22b. DATE SIGNED 22d ADDRESS 22c. PHYSICIAN S CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. SURIAL, CREMATION, REMOVAL (Specify) Circling S. House

a. IS RESIDENCE ON A FARM?

YES NO

196/

IF UNDER 24 HRS.

deat O F 0 VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2687 CERTIFICATE OF DEATH with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before filed COUNTY o. STATE b. COUNTY Baltimore MARYLAND Marvland Baltimore within 24 haurs after death Funeral b. CITY OR TOWN (If outside corporate limits, write g c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Rural-Woodstock Woodstock d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 Hernwood Road Hernwood Rd. Woodstock P.O YES K NO 70 NAME OF Middle 4. DATE Month Yeor DECEASED Mr. Nickolas (Type or print) Baker DEATH 111 March 8 1961 S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. campletely lost birthday) Months Dovs Hours Male Whi te DIVORCED | WIDOWED | Sepit. 1.1862 Q8 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Farmer pup Farming Marvland U.S.A. 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Ö .⊆ Unknown A THE RESERVE Sietostica (CA) remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address ottending Mrs. Edith G. Baker, Hernwood Rd. Woodstock, P.O. None please 18. CAUSE OF DEATH [Enter only one couse gas line for (o), (b), and (s)." INTERVAL BETWEENMO PART I, DEATH WAS CAUSED BY: day IMMEDIATE CAUSE (o DUE TO þ permit. Conditions, if ony, which gned gove rise to immediate DUE TO couse (a), stoting the underbeen si buriol-transit lying couse jost. 19 WAS AUTOPSY CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) PART II OTHER SIGNIFICANT CONDI cremation, PERFORMED? has YES NO ar attending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) certificale as the MEDICAL 20c. TIME OF INJURY Month. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) While Not while After this p. m. of work of wark 1960, 10 MAR, 8, 1961, that (1) (we) last 21. I certify that (i) (this haspital) attended the dependent from INN 2 detoched saw the deceased alive on MAR 19 and that death accurred of NOT from the causes and an the date stated above. DIRECTOR: 220 STGNATHRE 22b. DATE ATTENDING PHYS. SIGNED STAFF PHYS. M.D DIRECTOR | 22c. PHYSICIAN'S Ф 22d, ADDRESS Dr. Thomas Wheeler 3601 Clifmar Rd. Balto. 7, Md. O HOSPIT page 3 sh the State 236 DATE THEREOF 23a, BUR AL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) TO FU 3-10-1961 Mt. Olive Cemetery Randallstown. Maryland (FUNERAL DIRECTOR'S SIGNATURE 8728 Liberty Rd. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Colling L. France DATEMAR 1 3 '61 VR A15 (4) Randallstown. Md. 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectled within 24 hours after death use that has be retained by the hospital or altending physician.

TO FONERAL DIRECTOR: After this certificate has been signed by the attending physician and comparation or filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove for one as a second and 2 should be detached for use as the burial-transit permit. Then please remove for one as a second and 2 should be detached for use as the burial-transit permit. Then please remove for one as a second and 2 should be detached for use as the burial-transit permit. Then please remove for the second and 2 should be detached for use as the burial-transit permit. Then please remove for the second and 2 should be detached for use as the burial-transit permit. ferbon palers. Pages I ht, within 72 hours after VR A15 (4) 15M 9/60

		A	MARYLA	ND STATE	DEPARTME	NT OF H	EALTH			
	DIVISION OF 26	88 Item 2		CERTIFICA	T T 1 T T T 1 T T	ATH	REET, BA	LTIMORE	1, MARYL	02669
1	PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (I write RURAL and Fort Howan	foutside corporate lim.		MARYLAN LENGTH OF STAY IN 132 Days	e. SINE			b. COUNTY		ce before edmission)
3.		AL OR INSTITUTION (I Administra First GUY			d STREE 306 Loss BARRETT	4.	DATE	Street Month	Dey 20	o. IS RESIDENCE ON A FARM? YES NO E
10	SEX [ale a. USUAL OCCUPATI pro during most of wo Unemployed FATHER'S NAME	6. COLOR OR RACE White ON (Give kind of work rk ng life, even 'f retire Soldier	WIDOWED [106, KIND	DIVORCED DIVORCED OF BUSINESS OR INC	Ita	, 1888 LACE (County 8	9. Ac les 72	GE (In years IF I birthday) yrs.	lonths Days	IF UNDER 24 HRS, Hours Min. F WHAT COUNTRY?
O 15	seph Barre WAS DECEASED EV. os, no, or unkown) [H Yes TB. CAUSE OF D	ER IN U.S. ARMED FOR yesgive wer or detectors with the transfer only one H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Which (b)	21 couse per ine HEAR MYOC	9-32-3560 (9-32-3560 (for (a), (b), end (c),] T ATTACK ARDIAL INF	Unkno II. INFORMANT	Records,		Address	INT I	Howard Diy ERVAL BETWEEN ISET AND DEATH HOUR HOUR NKNOWN
MEDICAL CERTIFICATION	PART IS OTHER PUTMONARY 20a ACC DENT W. OR CONTRIBUTING	(c) SIGNIFICANT CONDI EMPHYSEMA AS UNDERLYING 1 CAUSE OF DEATH MEDICAL EXAMINER)	GOUT 20b. DESCR	BE HOW INJURY OCCURRED 200	CURED. (Enter natura s. PLACE OF INJURY factory, street, offi	ol injury in Pert	Lor Pert II of I:	tem TB.)	(County)	9. WAS AUTOPSY PERFORMED? YES NO L
23	saw the decease 220. SIGNATURE 220. SIGNATURE 220. NAME (1900)	ON. 236. DATE THE	Section 20	19 61 , and	M.D. ATTEND PHYS. 22d. AI	ING MED DIRE	M, from the	FT. HOW	IARD DIV	3/20/01
	Burial FUNERAL DIRECTOR	Mar.23		ADDRESS Avenue, Ba		250. MAR	BALLET BY REGISTRAN	25b. REGIS	TRAR'S SIGNAT	TURE

Joseph Farace, 712 E. North Avenue, Balto. Md.



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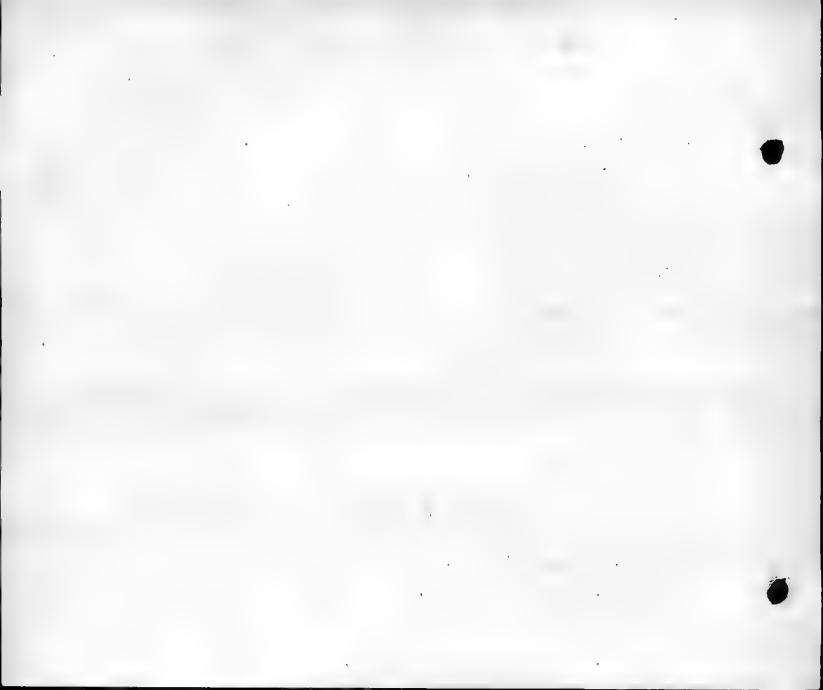
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2689

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		PLACE OF DEATH O. COUNTY O. T. J. J. T. J. J. T. J. J. J. T. J.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	Ŀ	b. CITY OR TOWN (If outside corporate Jimits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If available corporate limits, write RURAL and give nearest town)
		Luther ville 6 yrs.	M new Hork City
,	(d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS o AS RESIDENCE ON A FARM?
1.1		Collège manor	Bayside, Long Island- YES NO
		NAME OF DECEASED (Type or print) FREDERICK Middle	OF DEATH March 9 196/
Ī	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Age Hours Man Hours Ma
	1	Male White WIDOWED DIVORCED	June 16,1862 97 m. 97
	10a.	o. USJAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS 7 dwring most of working life, even if retired). LLW FALLS (Compart Civ	STRY 11. BIRTHPLACE (State ar foreign country) 12 CITIZEN OF WHAT COUNTRY?
1	13	FATHER'S NAME	14 MOTHER'S MAIDENTHAME
	7	Daniel Bassinger	Lydid Ely.
		WAS DECEASED EVER IN U. S. ARMED FORCES? 6 SOCIAL SECURITY NO. 17. IN	FORMANT Modress
J		NO - 1082-14-6728	Family RECORDS
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-] . PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a)	sin blank & weeken
		7.50 · O DUE TO	in a la in la comita de la comita del comita de la comita del la comita del la comita del la comita de la comita de la comita de la comita del la comita
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		couse (o), stating the under- lying couse lost	and - Sufferes)
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED?
	FICA		YES NO
	L CERTIFI		2 (Enter nature of injury in Part I or Part II of item 18)
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED For Hour o. m. While Not white	ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
	MEC	P. m. 19 While Not while at work at work	
		21 I certify that (I) (this haspital) attended the deceased from	
		saw the deceosed olive opplianch. 1967, and that d	eath occurred at 11 M, from the causes and an the date stated above.
		1000 me (N-to-content)	ATTENDING THE DIRECTOR PHYS 3-9-6/ SIGNED
		22c PHYSICIAN'S NAME (Type)	22d ADDRESS
	230.	O BURIAL REMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d LOCATION (City, town, or county) (Stote)
	Rei	emoral/Burial Marilli 1961 -t. Charles Ce	metery Pinetan'n, tong Island, 1.7.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	10	am punto sons, louson, his.	DATMAR 13'61 Culling 8, Huma



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Poge	il director, filed with	(1. PLACE OF DEATH a. COUNTY	Baltimo	re	MARYLAND	2 USUAL RESIDENCE (No. STATE	Vhere deceased liv	F COUNTY	idence before o	
haurs after death. Page	the funeral	M	RURAL and give Herefo	rd PITAL (If not in hospital.	Li	of stay in 16	E. CITY OR TOWN (I		limits, write RURAL	e. 1	S RESIDENCE
ins of	22 ==	2,46	or institution Hereford		reford.l.d		Hereford	Rd.			ON A FARM?
	fillec ges 1 an	-	3. NAME OF DECEASED (Type or print)	Louvinia	Blackston	Middle Bats	lost ON	4. DATE OF DEATH	March	Doy 23	Yeor 1961
į	중소	1)	5. SEX	6. COLOR OR RACE			B. DATE OF BIRTH		AGE (In years IF Uh (ost-birthdoy) Mon	IDER I YEAR IF	UNDER 24 HRS.
- P	ers.		Female	Negro	WIDOWED A	DIVORCED _	March 11,	ΓAT2 .	TO yrs.	CITIZEN OF W	
execut	200			TION (Give kind of worl orking life, even if retire House	Wife		Richmon	d , Vir	rini.	U,	>.
e De	carban gafter de		13 FATHER'S NAME	<i>a</i>			Henreitt				
ficat	physician mave car hours aft		Webly IS WAS DECEASEDE	Greene VER IN U. S. ARMED FO	PRCES? 16. SOCIAL SEC	URITY NO T	FORMANT	a Green	Address		
certi	ng ph rem 72 hk		Yes, no, or unknown)	(If yes, give war or dates of			udry Edmon	ds Her	eford, N	Marylar	ıd
PHYSICIAN: The law requires that the deoth certificate be executed within 24	inan. en signed by the attending I nsit permit. Then pleose re ond in any event within 72			immediate DUET	(o) Leukemi a o					IONSET	AL BETWEEN AND DEATH 3 Yr:
he law	physic as ber ial-tra iaval,		PART II. C	THER SIGNIFICANT CO	NDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL D SEASE CO	ONDITION GIVEN IN	, ,	WAS AUTOPSY PERFORMED? ES NO
IAN:	fica fica the or		_ '	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	4). (Enter nature of intury (
PHYSIC	nis con		20c. TIME OF INJ	1.	ear 20d. INJURY OCCI While Not w ot work at wor	hile for	ACE OF INJURY (Home, fa dory, street, office bldg., e	itc.)		(County)	(State)
OR ATTENDING	ed by the haspi RECTOR: After be detached for iar ta burial, c		21. I certify alive on	that I attended th 3 - 2 3 .) Lectuck			accurred at 9 3 4 1	≥_M, fram the	e causes and an		
T.	shauk	,	PHYSICIAN'S NAME (Type)	C. Herbert	Mueller	Jr.	Pa	exton	My		
O HOSP	o FUNE. 101. poge 3 shauld the registrar pr		220. BURIAL, CREMAT REMOVAL (Speci 7.117127	7.0N, 226. DATE THERE		e of CEMETERY O			n (Cily, lown, or cou utus	3.1 2	(Stote) and
¥	5	1.3	23. FUNERAL DIRECTO	OR'S SIGNATURE	ADDR	ESS	- "	C'D BY REGISTRAI			
	A1S (4) I 9/SB	(I)	William	A. Jackso	on Fineral	Home	ne DATE !!	AR 2 8 '61	arthur	S. Kraus	



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RES ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where decresed lived, If institution; Residence before edmission) e. COUNTY i pe MEDVISHIN b. CITY OR TOWN (if oulside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (# Quiside corporete imits, write RURAL and give nearest lown) write RURAL end give nearest town) .5 tumore filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS 3. NAME OF Middle DECEASED (Type or print) DEATH Henry within COD carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years of UNDER 1 YEAR pue lest birthdey) Months male physician 10e. USUAL OCCUPATION (Give kind of work remove Lpper orker Laore o. Maru and 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOC AL SECURITY NO. 17. (Yes, no, or unkown) (Hyesqive were rdetesof service) 1B. CAUSE OF DEATH Enter on y one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (e), stelling the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPSY momaren ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW NIUS OCCURED, (Enter nature of niusy in Pert I or Part I of item 18., OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. NJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm. 2Df. (C'ty or town) Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. el work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. ... F.C. 22e. SIGNATURE ATTENDING DRECTOR PHYS. PHYS. 22c. PHYSICIAN 5 22d. ADDRESS

0 VR A15 (4) 15M 9/60

Burial 24 FUNERAL DIRECTOR'S SIGNATURE Ruck 5305 Hartord Road

23e, BURIAL, CREMATION, 23b.

REMOVAL (Sper fy)

123c. NAME OF CEMETERY OR CREMATORY

Lon emeteru

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

a. IS RESIDENCE ON A FARM? YES NO

19

NTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (State)

22b. DATE

(Stele)

SIGNED

same

(County)

IF UNDER 24 HRS.

'61

23d. LOCATION (City, fown or count



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may be retained by the hospital or DIRECTOR: After this certificate 3 should be detached for use as the 6 state Dept. of Health prior to but

with the

director, be filed

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physician.

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Pages

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased liyed. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND eral CITY OF TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital). give street address) e IS RESIDENCE ON A FARM? YES NO NAME OF Middle Year DECEASED DEATH E. ages (Type or print) 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED last birthday) Months Doys DIVORCED | WIDOWED [popers. USUAL OCCUPATION (Give kind of work dane 10b. during nest of working life, even in clired) 12. CITIZEN OF WHAT COUNTRY? and 13. FATHERS NAME 14. MOTHER physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT CAUSE OF DEATH [Enter only one couse per little for (a), ₲. DEATH WAS CAUSED BY MMEDIATE CAUSE (6) **DUE TO** that Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? YES 🗍 NO 🗍 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) MEDICAL 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 120f (City at town) Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) While Not while at wark of work 196 that I last saw the deceased 2) | certify that I attended the deceased from and that death occurred at AM, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FOR BURIAL, CREMATION, 225 DATE THEREOF LOCATION (Gily, town, or county) CEMETERY OR CREMATORY (Stole) page REMOVAL (Specify) 0 ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MAR

DATE

VS A15 (4) 15M 9/5B

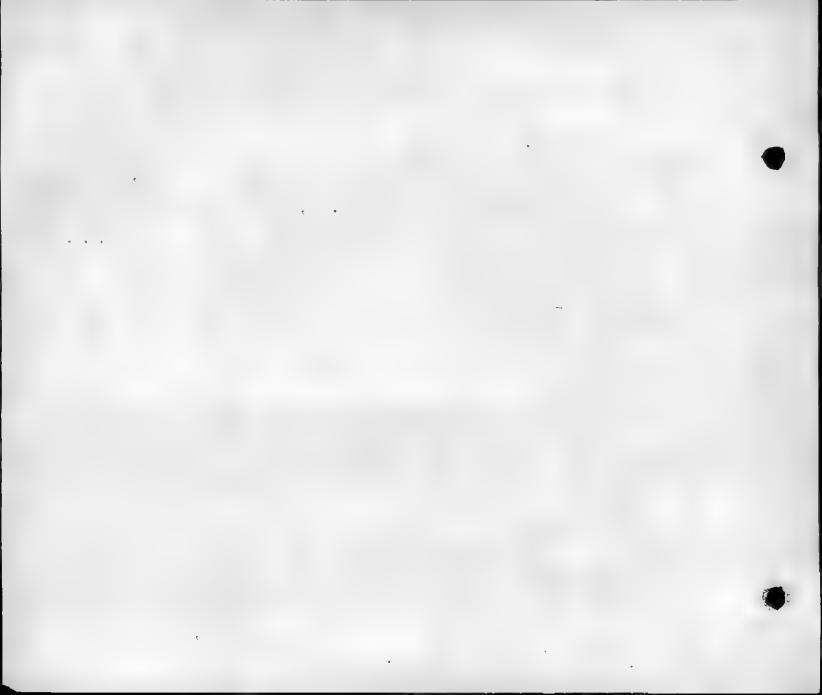


TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute / Continuate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funery director. Page 4 should be forwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yours. prior to burial, cremation, or remayal.

VS. A1SME(S) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2694 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 02675

/\	1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLA		2. USUAL RES		Where decem	ed lived. If institution b. COUN	WY	tance be		ssion)
	and give nearest town	outside corporata limits, write	,	c. LENGTH OF STAY IN	- 1	c. CITY OR	TOWN (IF	outside corp	porate limits, writ	RURAL on			vn)
	d. NAME OF HOSPITA	ry Villa (2) at or institution (if averse Ave.		pital, give street address)		d. STREET	ADDRESS	ory Vi li str	illa (20 rear Cow			ON	SIDENCE A FARM? NO [7]
1	3. NAME OF DECEASED (Type or print)	CHARLES	RAY	Middle FILLT GS		tosi		4. DATE OF DEATH	Mon		Doy		eor / ¬
	5. sex "Va.] e	6. COLOR OR RACE	7- MARRIE	ED ENEVER MARRIED		ept. 2		48	9. AGE (In years fast berthday)	IF UNDER	R 1YEAR Days		ER 24 HRS. Min.
	10g. USUAL OCCUPATIOn during most of working Studen	ON (Give kind of work do g life, even if retired)	one 10b, K	School	DUSTRY	11. BIRTHPL	ACE (Stote rth C	er foreign e	ountry)	12. Ci1		EWHAT	COUNTRY?
Ī		Rillings			1	4. MOTHER'S		e Dixo)tı	,			
	15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR {II yes, give war or dates of se	CES? 16.	None		ormant rl Bill	lings		Address Same	15			
	Conditions, if air gave rise to immed (a), stating the ucouse last.	(b)_ licite couse anderlying DUE TO		fer (c), (b), and (c).) Thomas C	UT NO	1 ONL	THE TERMI	'NALDISEASI	E CONDITION GE	IVEN IN PAI	ONSI	PERFO	AUTOPSY RMED?
3	death resulted	Y Month, Day, Year 19 of I took charge	20d. I White of the s	NJURY OCCURRED 20e.	PLACE foctory Ibove Suick	of INJURY (), street, affice t, held an de , H A.D. CHIEF M	Autopsy omicide	1 20f. (City	or town) aspection and and a termined	[5 Inqui		tes and f	(State)
	EXAMINER'S NAME (Type) 220. BURIAL, CREMATION	S A CK (2 (22c. NAME OF CEMETERY	OR CR		MEDICAL E	EXAMINER [TION (City, town,	or county)	<u>- د</u>	/ >	-
	REMOVAL (Specify) Repoval 23. FUNERAL DIRECTOR	3/16/61				al Hom			cord. No			ina	
	Almer 12	mindymski	1407	mastern Ave.	, (2	21)		AR 2 0	20.4	Terthury			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 2695 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Baltimore **b.** COUNTY a. Slate Waryland MARYLAND b. CITY OR TOWN (if outside corporate lim Is, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Fort Howard Ü Davs Glen Burnie (Maryland) 96 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS West Drive hours Veterans Administration Hospital Box 290W.Rt.1, Silver Sands, NAME OF 4. DATE Month paper 72 DECEASED OF comple (Type or print) JOHN DEATH A. c BISESI March and cor withi 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years If UNDER 1 YEAR | 8. DATE OF BIRTH last birthday) Months) Male White WIDOWED [DIYORCED April physician ever 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) remove I 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Commission Merchant Merchant House Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please altending Phillips Bisesi Anna Catanzio 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 Clinical Records, VAH, Baltimore 18, Maryland (Yas, not or unkown) | (Hyesgivewarordatasofservice) HOWARD DIVISION 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: physical MMEDIATE CAUSE (a) METASTATIC CARCINOMA OF LUNG, PRIMARY SITE burial-transit XXXXXX HINKNOWN attending Conditions, if and, which been gave rise to immediate cause DUE TO (a), stating the underlying has the buri Ö PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a) 19. WAS AUTOPSY certificate hospital Findings: Metastatic IQ. CHRONIC PULMONARY EMPHYSEMA Operation: 4/18/60 Biopsy of tumor mass, left side of neck: Carcinoma

a. ACCIDENT WAS UNDERLY NG 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of tram 18.) 050 prior 20a. ACCIDENT WAS UNDERLY NG CONTRIBUTING CAUSE OF DEATH the After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 2De. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED ' 20s. PLACE OF INJURY (Home, farm,) 2DL (City or town) Not While factory, street, office bldg., etc.) While Hour a.m. at work at work may be retaine DIRECTOR: 21. I certify that A (this hospital) attended the deceased from February 50 1861, to March 16 , 1961, that (1) (we) last 2 March 16 should saw the deceased alive on. ate 22a. SIGNATURE ATTENDING DIRECTOR PHYS. K PHYS. 9 4 PHYSICIAN'S 22c. 22d. ADDRESS VAH, BALTIMORE 18, MD.FT. HOWARD DIVISION CRAHAN, M.D. director, be filed 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify)

Baltimore National

. IS RESIDENCE

YES NO X

1967

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

PERFORMED?

NO X

(Stale)

22b. DATE

(Slate)

25. Maryland

Cirthun S. Mark

16761

16

U. S. A.

(County)

Baltimore

DATE

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ON A FARM?

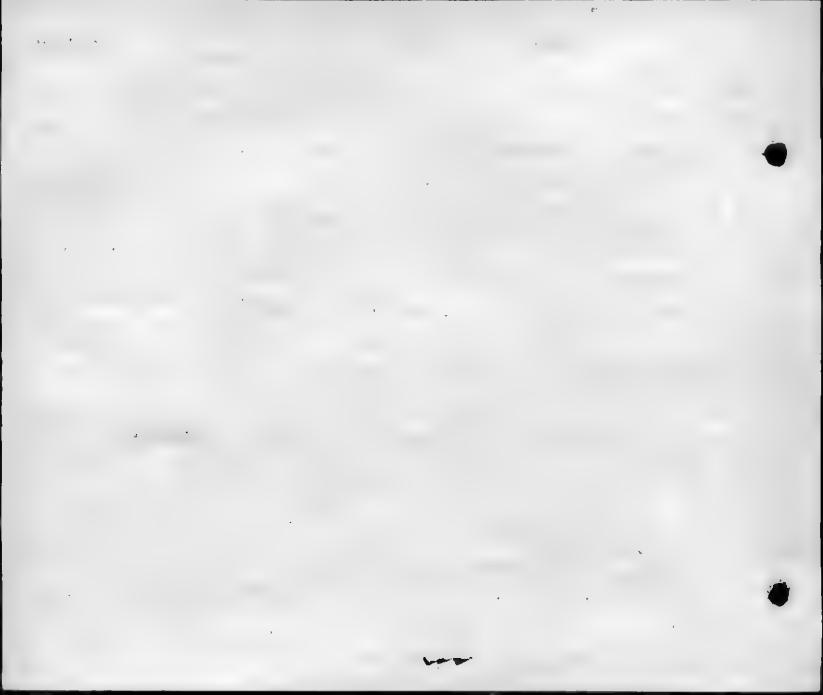
death. VR A15 (4) 15M 9/60

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

F. DENNY.

INC.

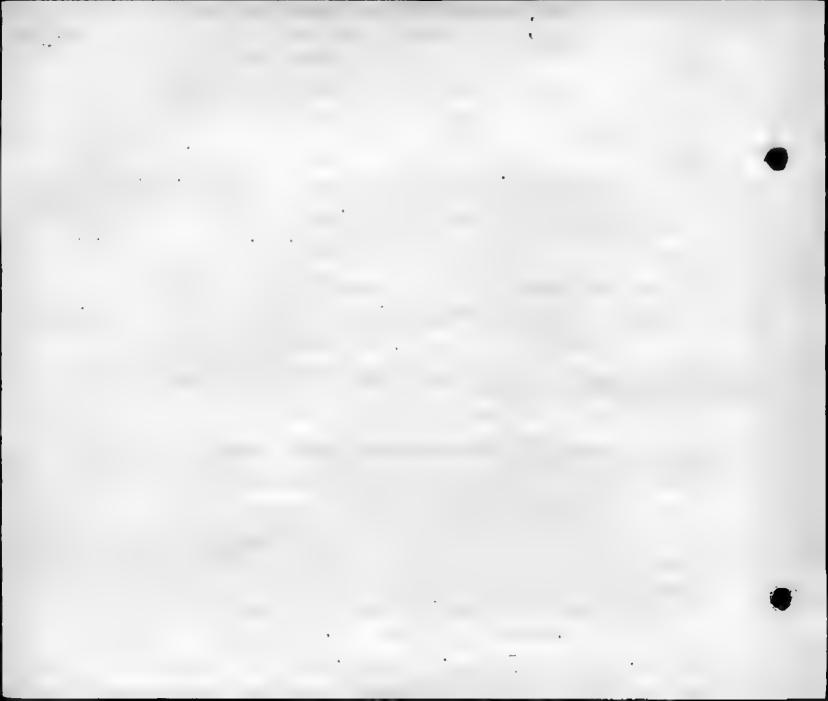


1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admiss on)
28 4		e. STATE b. COUNTY
Health Fag		b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b = c. CITY OR TOWN (if outside corporate I mits, write RURAL and give hears)
s nec		Write RURAL and give neerest town) DONDALK DONDALK
for y Board		d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospitel, give street eddress)
700		STOY BAYERIAR RD. 3104 BAYERIAR RD. YES NO
he Statice Statice Statice		NAME OF First Middle Lest 4. DATE Month Dev Year DECEASED OF
	1	THE DOMESCOTO C
and 3 to may may after a with	IY.	lest birthdey) Months Day Hours Min.
5 - 10 - 12 - 1	1De	. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 112. CITIZEN OF WHAT COUNTRY?
as 1, 28 1, 1 an 1 an 72	do	ne during most of working life, even if retired) MARVLAND (Cdy) U.J.A.
24 ho e Page 7M3. I pages withir	13.	FATHER'S NAME
c.≧ = 9 =		ABRAM BOARDWINE MELVA KESTNER
Form Form	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address And Address
ited will fam 18. with fo permit. any ev	74	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c)
xecu		PART I. DEATH WAS CAUSED BY: 3 ACh - 1
one of the control of		IMMEDIATE CAUSE (a) DICOVOITORIO
oval oval		Conditions, if any, which ? (b) TNEUMONIA - DRODENIAL-
s a b		gave rise to immediate cause [a), stalling the underlying DUE TO
icate endi mine ed a	-	cause lest. (c)
ertifica d "pen Examir e used	NO	PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED?
This ce word dical Euld be cremat	CERTIFICATION	YES NO DESCRIBE HOW INDURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18)
## 중 중 등 등	CERTI	PRIMARY or CONTRIBUTING CAUSE OF DEATH.
N Dian in	R	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED , 20c. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
XXAMIII te, writi the Chi	MEDICAL	Hour e.m. While Not While Pectory, street, office bldg., etc.)
IEDICAL EX. the certificate, revarded to the DIRECTOR: F sed agent, prior		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection inquiry and in my opinion
DICAL contiffication and agent,		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
MEDIO forward I. DIRE		ACTUAL CHIEF MEDICAL EXAMINER C
	-	SIGNATURE MD. ASSISTANT MEDICAL EARWHILE AND ADDRESS A
Id be for NERAL		NAME (Type) M. B. DAVIS. MD DEPUTY MEDICAL EXAMINER TO A 184/6/
DE STATE DE LE STATE DE LE FOUNDE DE FOUNDERAL ILS designant	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelle)
0 g 4 0 g	_	ORIAL 3-17-6 / KIVER BRIDGE (FMETERY HOLTON) WASHINGTON (TY UA
VS. A15ME	23	FUNERAL DIRECTOR ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE LE
5M 7/59	1	ILLRICH FUNERAL HOME 2112 DUNDAGE HUE DATE MAR 15'61
	2	(3/304xV4



requires that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. NaZA i director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 169 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give nearest town) 200 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO P NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (in years 7. MARRIED TI NEVER MARRIED TI 8. DATE OF BIRTH los! birthdoy) Months camplete Dovs WIDOWED D papers. 100 USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician INFORMANI attending WEENSWA CAUSE OF DEATH [Enter only one couse per lingufor (a), (b), and/(c).] INTERVAL BETWEEN ONSET AND DEATH PART !. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which signed gove rise to immediate DUF TO couse (a), stating the underlying couse lost. peen PART 1: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 166 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Month Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour o. m While Not while of work of work 1950 tollla jeh 10, 1961, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 1030/1M, from the causes and on the date stated above. DIRECTOR **AÇTUAL** å SIGNATURE ā 3 shauld 0415 NAME (Type) FUNE BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) page REMOVAL (Specify)

ADDRESS

24g. REC'D BY REGISTRAR

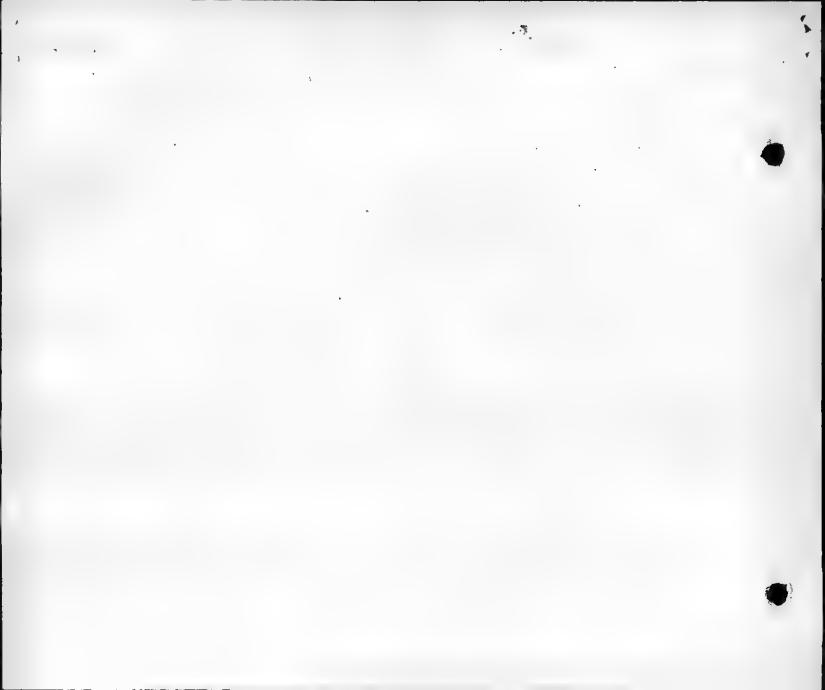
246 REGISTRAR'S SIGNATURE

Chilhur & France

P P P C C

FUNERAL DIRECTOR'S SIGNATURE

ned Da



1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2699 CERTIFICATE OF DEATH

ICA	TE OF D	PEATH	1			Reg.	Dist.	26	80_
AND	2. USUAL RESH	DBNCE (Wh	ere decease		. COUNTY	Y	MOA		ission)
V 16	C. CITY OR 1	OWN (If o	utside corp	orote lin					wn)
10	X Do	NDA	PLK						
	STREET A		SNAK	JE.	WAr	/		ON	A FARM?
9N7	DEN B	URG	4. DATE OF DEATH	/	91	onth	D	žβ	Year 19 6/
	MAY 15	17187	70	9. AGI	(In years birthday) yrs	Month		Hour	DER 24 HRS.
INDUST		ACE (Stote	_				EVEN		COUNTRY?
	14. MOTHER'S							LEIKL	-
IN	FORMANT REDA	NIE	304	欠	3201	dress PM	511	VE	Way
56	LEROT	Tic	CAK	201	O VII	is co	12/17/Z	ERVAL I	BETWEEN ID DEATH
H BUT A	NOT RELATED TO	THE TERMI	NAL DISEAS	SE CON	RTION GE	VEN IN S	ART 1(o)	PERF	ORMED?
CURRED	. (Enter noture o	finjury in P	ort i or Po	rt II of i	tem 1B.}				
Oe. PLA: foch	CE OF INJURY (ory, street, office	bldg., etc.					(County		(State)
5 7	19	, to 20	7 MM	ari	1, 196/	that I	last sa	w the	deceased
leath	accurred at	1. OF	M, fram ADDRESS (S	the c	ouses a	nd an	the dat	e state	ed above. ATE SIGNED
1 N	I.D. , .		-2-2-						
			A 200	A. SA	<u>a</u>	LA V.	aı		
ERY OR	CREMATORY		22d. LOCA	TION (ity, town,	or count	у)	(St	ote)
2010	7		BA.	471	MOR	6		NA	>.
		24a, REC'E	BY REGIS				SIGNATE	IRE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland o. COUNTY Baltimore b. COUNTY MARYLAND Ral+imore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Middle River Overlea d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM?. LOW Elmwood Rd. Ivy Hall Mursing Home YES NO NAME OF Middle 4. DATE Month DECEASED 1961 TOTA BRESNICK March DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Doys White WIDOWED | Female DIVORCED T 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) At. USA Housewife Home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Gellert Unknown Emelia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 610h Springwood Ct. None Tr. Cilbert V. Bresnick 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cottse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OF ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCUBRED. [Enter nature of injury in Part 1 or Port II of item 18.] 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Day, Year 20d. INJURY OCCURRED (County) (Slote) foctory, street, office bldg., etc.) Hour a.m. While Not while of work p. m.

alive an March

815 Eastern Ave.

____, and that death accurred at 11 A. M. from the causes and an the date stated above.

DATE SIGNED

PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION.

22b. DATE THEREOF 3-4-1961

Wm. A. Podgers

22c. NAME OF CEMETERY OR CREMATORY Zion Evan. Lutheran

22d. LOCATION (City, town, or county) Stemmers Run, Palto, Co. Md.

ADDRESS (Street, city or fown, state)

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

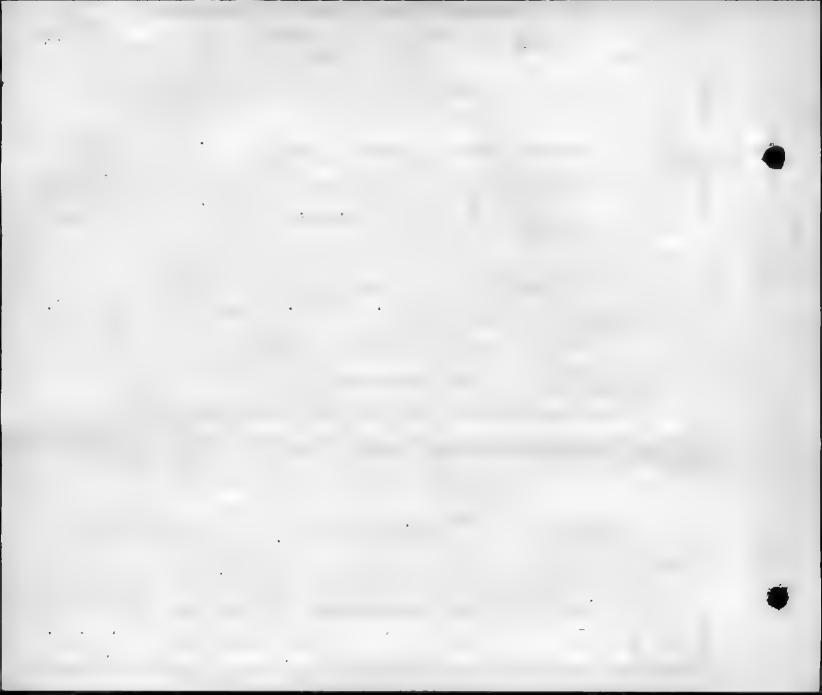
ADDRESS

24a. REC'D BY REGISTRAR

arthur S. Kraus

15M 9/55

24



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						A 4 100			-			- 4		_

	2701		ND RECORDS — BALTIM	ORE 1, MARYLAND	02660
1	1 PLACE OF DEATH	le, Film 020+	2 USUAL RESIDENCE (When		on: Residence before admission)
1	o. COUNTY Baltimore	MARYLAND	CTATE	yland b. COUNTY	Prince George
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	c. LENGTH OF STAY IN 16	St.do.e	iside corporate limits, write RL Ph & Normal VV///Kary Land	Institute
2	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SPHI.G GROVE STATE:	HO 5. IT AL	d. street address Be Ammendal	ltsville. P.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Pype or print) Brother Sebasti	Middle	Allgeier)	4. DATE Mont OF DEATH March	h Day Yeor 31 19 61
		RRIED NEVER MARRIED	8. DATE OF BIRTH Aug. 15, 1889		IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
	10a. USLAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brother		STRY 11 BIRTHPLACE (Slote of Indiana	r foreign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
1	13. FATHER'S NAME Teacher Henry Allgeier		14. MOTHER'S MAIDEN NA	me Fisher	
, d	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wer or dates of service) UNKNOWN None		ords: SPRLIG	GROVE STA. 8	
	18 CAUSE OF DEATH Enter only one couse per l		COLUST DITTING	CHOSE SIN. C	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Uremia			ONSET AND DEATH
	gave rise to immediate DUE TO	ilateral hydron	ephrosis & uri		n
	lying couse lost (c) Part II. OTHER SIGNIFICANT CONDIT ONS				EN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES P NO
ф	200 ACCIDENT WAS JNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Port II of item 18.)	1.0 2 100
	E Hour o.m. While	t-	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21 certify that (I) (this haspital) often	ded the deceosed from	March 28 106	l to Mar 31	19_61. that (I) (we) lost

21 I certify that (I) (this haspital) attended the deceased from March 28 13961, and that death occurred of 625 M, from the couses and an the date stated above saw the deceosed olive on 22o SIGNAT

Cholmondeley

ATTENDING PHYS MED DIRECTOR STAFF 22d. ADDRESS JPR1.G GROVE STAIE HD of

Catunaville 28. her land 23d. LOCATION (City, town, or county)

Christian Brothers Cemetery Ammer Anmendale

M D

Riverdale, Maryland,

23c. NAME OF CEMETERY OR CREMATORY

'61 4 DATE

Cin & France

VR A1S (4) 1SM 9/59

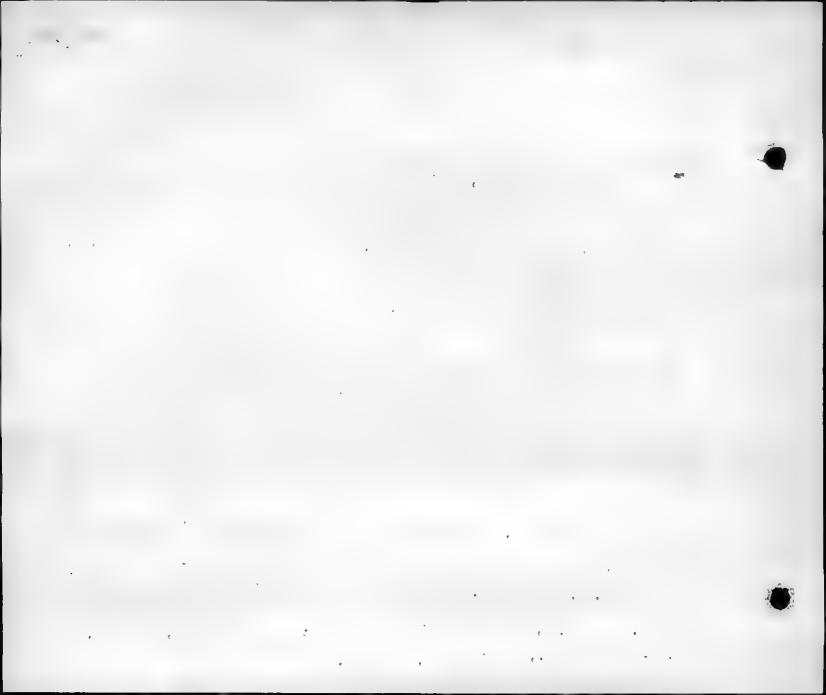
24 FUNERAL DIRECTOR'S SIGNATURE W. W. CHAMBERS CO.

22c PHYSICIAN'S NAME (Type

REMOVAL (Specify)

Buria

BURIAL, CREMATION, 236, DATE THEREOF



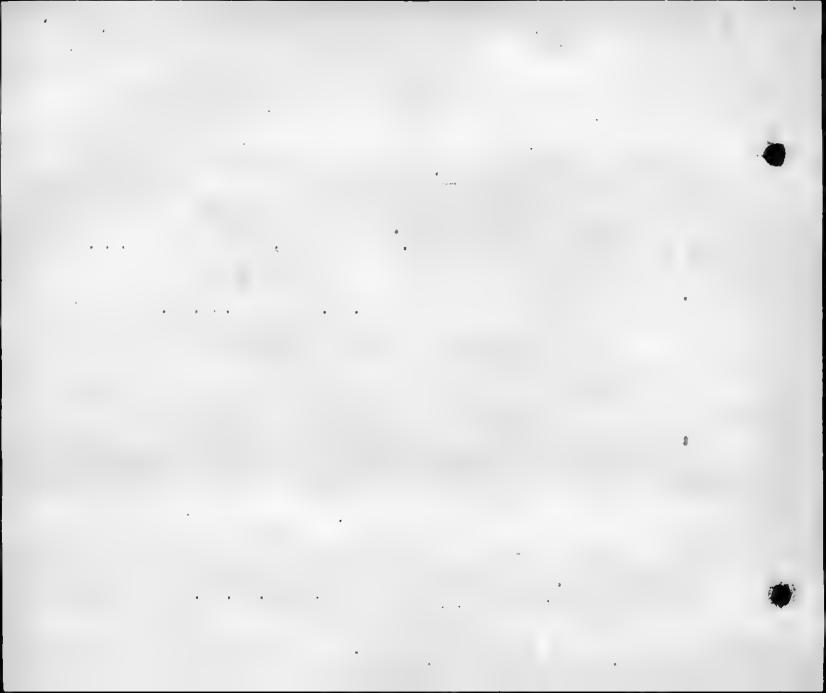
TO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affiged beath, so 4 may be retained by the hospital or attending physician.

\$ \sum 1000 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple filled in by the funeral director, page 3 should be detached for use as the burial-trans t permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYKAND 2002 CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased I ved, If institutions Residence before admission)
Baltimore MARYLAND	a. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Fort Howard 30 Days	Baltimore
d NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	2820 Brighton Street YES NO XX
DECEASED STEPHEN B. BR	OWN Lest 4. DATE Month Dey Year
Served As: STEPHEN BROW	
1 tungger allter tre mounts	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1. 177 / 07 lest birthday) Months Days Hours Min.
Male Colored widowed DIVORCED	4/11/01 59 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if reliad)	11. BIRTHPLACE (County & State, or foreign country) 12. C TIZEN OF WHAT COUNTRY?
Chauffeur Furniture Co.	Baltimore, Maryland U.S.A.
Stephen Brown	Lucy Watts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
(Yes, no, or unkown) (Ifyesgive werordates of service)	
18. CAUSE OF PEATH [Enter only one cause per tine for (e), (b), and (c).]	n.Rec. VAH, Balto. Md. Ft. Howard Division
A COLUMN TO THE	ONSET AND DEATH
IMMEDIATE CAUSE (e) MASSIVE PULMONA	-
	G WITH METASTASIS TO RIGHT LUNG 6 Months
Conditions, if eny, which (b)	
(a), stelling the underlying DUE TO	
ceusa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
Collapsed Vertebra L-I	YES NO
208. ACC DENT WAS UNDERLYING 206. DESCR BE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	. (Enter neture of injury in Pert I or Pert II of Item 18.)
6-4	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 et work at work	ory, smeet, critice biog., etc.)
21. I certify that My (this hospital) attended the deceased from	
saw the deceased alive on March 19 19.61, and that	death occured al
22e. SIGNATURE COMPANY	ATTENDING MED. STAFF SIGNED
Thomas Crahan M	1 NINE 1 N
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) THOMAS F. CRAHAN, M.D.	VAH, Balto, Md. Ft. Howard Division
234. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 3-23-6/ Baltimore Na	tional Baltimore, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE THE ETO CONTROLS TO	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Charles G. Cooper Baltimore, Maryla	nd DATE MAR 2 4 '61 Criting & Thous



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the 4 may be retained by the hospital or attending physician.

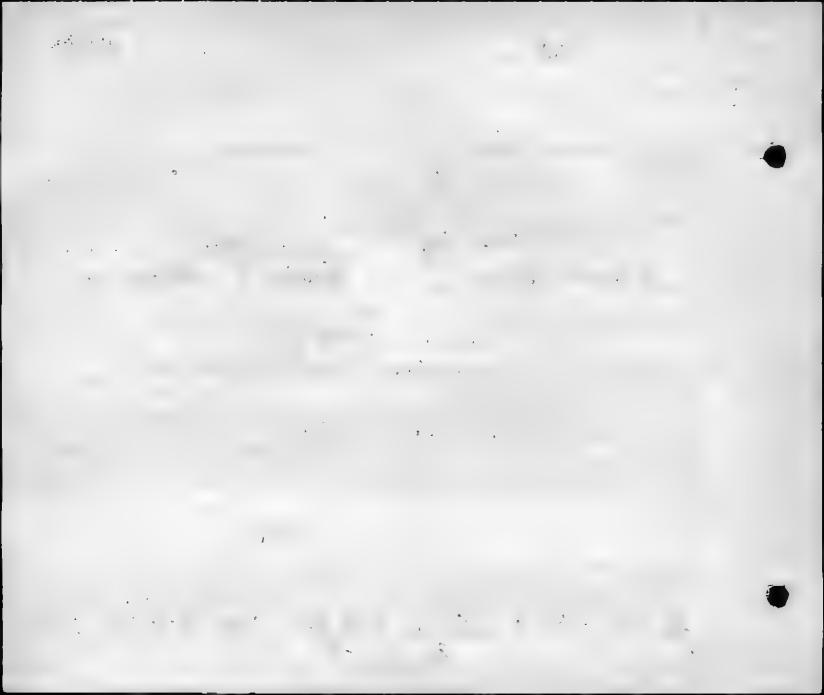
TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and comple it led in by the funeral director, page 3 should be detached for use as the burial-fransit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

YR A15 (4) 15M 9/60

MAILYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

M		<u> </u>
Ì	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decased lived, If Institution: Residence before edmission)
)	Baltimore Maryland	a. STATE b. COUNTY Maryland
/	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	Catons ville 29 days	Baltimore
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass)	d. STREET ADDRESS 0. IS RESIDENCE
	SPRING CROVE STATE HOSPITAL	338 South Stricker Street YES NO THE
	3. NAME OF First Middle	Last 4. DATE Month / Day / Year
	(Type or print)	OF DEATH 3 / 10 / 19 6 /
		DATE OF SIRTH 19. AGE (In years MF UNDER 1 YEAR) IF UNDER 24 HRS.
		last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY	Jan. 30, 1896 65 yrs.
	done during most of working life, even if retired)	2 2 2 70 14
	13. FATHER'S NAME	. Maryland Dalle U.S. A.
\	John m R. O	Prince P. C.
)	15. WAS BECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. II	NFORMANT Address
	(Yes, no, or unkown) (Ifyas give war or datas of service)	
	unknown Unknown Re	ecords: SPRING GROVE STATE HOSELTAL
	PART I. DEATH WAS CAUSED BY:	Heary failure Interval Between ONSET AND DEATH
	[MMEDIATE CAUSE (a)	
	DUE TO 1 F. D. T.	- Cardio Vastalar Desense
	Conditions, if any, which average (b)	- contact or state
	(a), stating the underlying DUE TO	
	cause last. (c)	<u> </u>
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19. WAS AUTOPSY PERFORMED?
		VES NO TY
	☐ OR CONTRIBUTING [] CAUSE OF DEATH	. (Enter nature of injury in Part I or Part II of Item IB.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) ory, street, office bldg., etc.)
	p.m. 19 at work at work	14. 4.10. 11.
	21. I certify that (I) (this hospital) attended the deceased from	Feb. 8 , 19.61, to Marsa 10, 19.61, that (1) (we) last
	saw the deceased alive on 100166 10, 19.01, and that	death occured at 2.1.2M, from the causes and on the date stated above.
	228. SPONATURE	ATTENDING MED. 1/STAFF 2/14/172/ SIGNED
	Muce karanskar-	D. PHYS. DIRECTOR PHYS. D 1/6/6/
	NAME (Type) DOMAN P. A. A. A. A. A. C. A. A. A. C. A. A. C. A. A. C.	22d. ADDRESS SPRING GROVE STAR HOSPITAL
	CRUINO KAUNUVAS	Catons ville 28. 4d.
ę	238. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, townfor county) (State)
5	Buril 3/14/6/ Loudou Pa	rke Com. 3801 Frederick-are
	24/FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Š.	tohu J. Coward son Bolle	DATE MAR 13'61 arthur S. Kraus
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MARYLAND STATE DEPARTMENT OF HEALTH

LTIMORE 1. MARYLAND Ή

	DIAIPION	OF STATISTICAL RESEARCH AND RECORD	ואם — בע
7	04	CERTIFICATE OF	DEAT

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4							
)	1. PLACE OF DEATH o. COUNTY	Baltimore	MARYL	1 a STATE	DENCE (Where decease Maryland	F COUNTY	on. Residence before admission)
	b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, vectorest town)	write c. LENGTH OF STAY IN	N 16 c. CITY OR	TOWN (If outside corp Overlea	porote limits, write R	RURAL and give nearest town)
	d. NAME OF HOSPIT OR INSTITUTION	14601 Kenwoo	street oddress)	STREET A	ADDRESS)1 Kenwood	Avenue	e. IS RESIDENCE ON A FARM? YES NO
-	3. NAME OF DECEASED (Type or print)	. ar car	et Middle	Brueckne		мог 3	Day Yeor 2 1961
	5. SEX Female	- white	MARRIED NEVER MARRIED	7 7 7 7 8		9. AGE (In years lost birthdoy) 77 yrs	Months Days Hours Min
	10o. USUAL OCCUPATIO during most of work	DN (Give kind of work don- king life, even if retired)	HOUSEWIFE	INDUSTRY 11 BIRTHP	Ralto. 1d.	country)	12.CITIZEN OF WHAT COUNTRY?
	13 FATHER'S NAME	Charles	Zabel	14. MOTHER'S	maiden name Margar	et Schwar	tz
		R IN U.S. ARMED FORCES (If yes, give war at dates of service \$\bullet\lime{\log}\rightarrow\$	16. SOCIAL SECURITY NO.	17 INFORMANT Casper J	. Brueckne	r 4713	Ridgeway Ave. 6
	Conditions, if o gove rise to i couse (o), stoling lying couse lost.	TH WAS CAUSED BY. JAMEDIATE CAUSE (o) DUE TO TO TO TO TO DUE TO DUE TO (c)	Generaliz	ed Art		rosis	INTERVAL BETWEEN ONSET AND DEATH IS PULL VEN IN PART I(0) 19 WAS AUTOPSY
)	20g. ACCIDENT W	AS UNDERLYING TI 720	b. DESCRIBE HOW INJURY OC				PERFORMED? YES NO
		CAUSE OF DEATH MEDICAL EXAMINER)		De. PLACE OF NJURY factory, street, offic	fHome, farm, 20f (Ci	ty or town)	(County) (State)
	21 certify the saw the decease 220 SIGNATURE 220 SHYSICIAN'S NAME (Type)		nglish		MED DIRECTOR	the causes ar	19.6.1, that (1) (we) last and an the date stated above 22b DATE SIGNED 3-3-61
3	23a. BUR.AL, CREMATIO REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMET			ATION (City, town,	or county) (State)
1	24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS KWOO	v Bd.	25a. REC'D BY REGI	STRAR 25b. REGI	ISTRAR'S SIGNATURE

y the funeral director, s after death. Page 4 Then please remave carban papers Pages 1 a OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the day the haspital at attending physician. TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death

TO HOSF VR A15 (4) 15M 9/59

VS A15 (4) 15M 9/55

may be ined by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely fire page 3 and be detached for use as the burial-transit permit. Then please remare carbon papers.

"An and the property of the permit of the please remare carbon papers."

's after death. Page 4 by the funeral director,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 **CERTIFICATE OF DEATH** 2705 Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND Baltimore Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Rural -- Randallstown Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Chapel Hill Comvalescent Home 203 Kemble Road NAME OF 4. DATE Middle [ast Month Yeor DECEASED OF DEATH (Type or print) March 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED A 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH lost birthday) Months Days Hours Min June 23,1883 Female White DIVORCED T WIDOWED [100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ireland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service) 1432 Park Avenue Richard M. Forbes None CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO casse (a), stating the underlying couse lost. CERTIFICATION PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 17. WAS AUTOPSY PERFORMED? YES NO F 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from FEB. . 1960, to -29, 1961, that I last saw the deceased and that death accurred at 4P. M. from the causes and an the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE 9108-LIBERTY HEIGHTS- AVE. CHAMBERS PHYSICIAN'S EARL BalTImore. 7- mary Land NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Loudon Park Baltimore. Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADD TO 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 4 William Cook. Inc. Cirthun S. Firms 1217 St. Paul Street



CERTIFICATE OF DEATH 2706 Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before our filed g. COUNTY g. STATE b. COUNTY MARYLAND PALTIMORE LTIMORE b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If autside carporote timits, write RURAL/and give nearest town) 8 RURAL and give nearest town) should DWSON 50 1 d STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE ON A FARM? OR INSTITUTION YES NO P NAME OF 4. DATE Middle Lost Month Day Year DECEASED OF URLAGE DEATH (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 3 8. DATE OF BIRTHY 9. AGE (In years (ast birthday) Months Days DIVORCED [nd complet on papers. death. WIDOWED [7] yrs. 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work done) 10b KIND OF 8USINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME BOVE 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN' INTERVAL SETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ā PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a DUE TO Canditians, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(a) 19. WAS AUTOPSY remayal, PERFORMED? YES NO 🗗 200 ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or tawn) Doy. Year (County) (State) factory, street, office bldg., etc.) Hour o. m While Not while of work at work 1962, that I last saw the deceased 21. I certify that I attended the deceased fram that death accurred at #__M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE P ploo PHYSICIAN'S NAME (Type) 22b. DATE THEREOF BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) abod REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D 8Y REGISTRAR 24b REGISTRAR'S SIGNATURE VS A1S (4) TOWSON Orthur 9 to 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. DATE OF DEATH 1. NAME OF DECEASED (Type or Print) Daisy 3-7-43 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased aved. If institution: residence before admission) A. STATE a. COUNTY \subseteq **FULL NAME OF** HE NOT IN HOSPITAL OR INSTITUT ON. GIVE STREET ..ar vland Pages HOSPITAL OR ADDRESS OR LOCATION ed (If outside city limits, write RURAL and give township) c. CITY OR TOWN INSTITUTION Summit Nursing Home Baltimore ithwood "venue D. STREET ADDRESS (If rural, give location) comple 3102 Mayfair Road 6. COLOR OR RACE 9. AGE (In years with! S. SEX 7. SINGLE, MARRIED. 8. DATE OF BIRTH of Hardes 24 Name H Under 1 Year WIDOWED, DIVORCED (Specify) last birthdov) and Female Months Days White Hours Min 'idowed Aug.18.1882 10.A USUAL OCCUPATION (Give kind of work done during most of working life, even 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) physician 12. CITIZEN OF Гетоме WHAT COUNTRY? of retired) U.S.A. Baltimore, Md. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Unknown ? Scott Then 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) ending physician. been signed by the none . purus -3102 Layfair Road Dermit. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH OR ATTENDING PHYSICIAN: The law required be retained by the hospital or aftending phy DIRECTOR: After this certificate has been signed should be detached for use as the burial-transity. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying e.g. heart failure, asthenia, etc. It means the disease injury ar complication which coused death DUE TO **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO 0 RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. TIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CALISING IT 210 TIME (Month) (Day) (Year) (Haur) 21s. INJURY OCCURRED 21F HOW DID INJURY OCCUR? OF INJURY NOT WHILE [WHILE AT WORK AT WORK Partify that (I) (this hospital) attended the deceased from ____, that (I) (we) last saw the deceased alive on___ NA T and that in (my) (our) opinion death occurred at with 1 _m., from the couses and on the date stated above. 23A. SIGNATU **ADDRESS** 23c. DATE SIGNED director, be filed ATTENDING PHYS EL MED DIRECTOR I STACE PHYS [] 24a. BURIAL, CREMATION, REMOVAL (Specify) 24s. DATE 24c. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, tawn, or county) (State) OH Rurial 3-21-61 Moreland Memorial Baltimore. Park Harvland VR A15 (4) 15M 9/60 25A. DATE REC'D BY HEALTH DEPT ISB. NAME OF REGISTRAR 2Sc FUNERAL DIRECTOR ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

is necessary, please exe-ector. Page 4 shauld be

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RECTOR:

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Give



with director

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that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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OR INSTITUTION

PLACE OF DEATH o. COUNTY Baltimore MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a STATE **b** COUNTY Baltimore Maryland

b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest town) Parkton d. NAME OF HOSPITAL (If not in haspital, give street address)

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Parkton

e. IS RESIDENCE d. STREET ADDRESS ON A FARM?

ļ	[A	lillers Lar	ne	Millers	Lane			IES [] NO []
I	3. NAME OF DECEASED	First	M:ddle	iasi	4. DATE	Month	Day	Year
ı	(Type or print)	Lawrer	nce Elijah	Chilcoat	DEATH	3	8	1961
ľ	S SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	5		UNDER 1 YEAR	IF UNDER 24 HRS
۱	Male		IDOWED DIVORCED			last birthdoy) A	Aonths Days	Hours Min,
ĺ	100. USUAL OCCUPATIO	IN (Give kind of work done ing life, even if retired)	e 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Stole	or foreign cou	antry)	12. CITIZEN OF	WHAT COUNTRY?
۱		ing life, even if retired)	-		-			

Farm Owner	Farm	Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	

George Chilcoat Laura Guvton IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address -Parkton Chilcoat Millers Lane Md. Mrs. May 0022 No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." ONSET AND DEATH PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (o **DUE TO** Conditions, if ony, which (b) gave rise to immediate **DUE TO** couse (o), stating the underlying cause lost

PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IN NO 19

20e. PLACE OF INJURY (Home, form,

22d. ADDRESS

200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part It of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED

MEDICAL foctory, street, office bldg., etc.) Hour o.m. Not while ot work at work p. m. 21. I certify that (I) (this haspital) attended the deceased from

and that death accurred at PM, from the causes and an the date stated above saw the deceased alive on 22a SIGNATURE SIGNED ATTENDING PHYS MED. STAFF M D

22c PHYSICIAN'S NAME (Type)

DATE THEREOF

Day, Year

20f. (City or Jown)

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) Maryland of 25g REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Funeral Service Towson 4, Md Brooks

DATE MAR 1 3 '61

(County)

(Stote)

the funeron shauld be fi 20 P fille Pages death ofter papers. 72 hours and carbon physician within remove offending please ģ has been signed **buriol-transit** cremotian, certificate as the burial, After this detached far Heaith DIRECTOR: be Boord Pinoy page 3 sh the State TO FU

ar attending physicion

CERTIFICATION

20c. TIME OF INJURY

BURIAL CREMATION.

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

VR A15 (4) 1SM 9/59

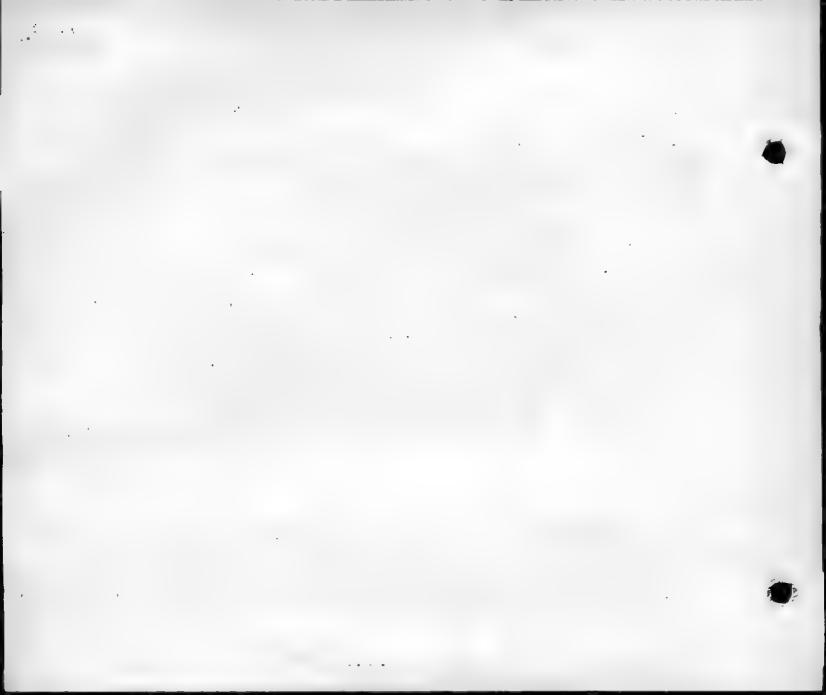
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A Trans	Items 7 & 4 Film G283 3/22/61 iwk
1	2710 CERTIFICATE OF DEATH Reg. Dist. No. ()2690
director	1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY D. COUNT
erol d	b. CITY OR TOWN (If autside corporate limits, write 12. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
in the first of the second of	Chumis Mills IV Tile Chumis Vilello-1-14
d 2 s #	d. NAME OF HOSPITAL/(HE not in hospifol, give street address) OR INSTITUTION OR INSTITUTION OR A RAW OF HOSPITAL/(HE not in hospifol, give street address) OR INSTITUTION OR A RAW OF HOSPITAL/(HE not in hospifol, give street address) OR INSTITUTION OR INSTITUTIO
2 h	3. NAME OF DECEASED (Type or print) (Day Court
within Poge	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS 1051 Dirthdory) Months Days Hours Min.
omple opers.	WIDOWED DIVORCED DIVORCED 110 JUNE 110
ond coon process and coon process are dead	13. FATHER'S NAME
I offer be	Charles & Crekers Cunguita Cropober
g phys	TS WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give you go dotted of service) (If yes, give you or deten of service) (If yes, give you or deten of service)
death trendin please vithin 7	18/ CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH ONSET AND DEATH
the off Then p	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PROSTATIC (ARCINOMATOSIS / ONSET AND DEATH 3 MOS.
of by I	Canditians, if any, which (b) (b)
n. signe ii peri	code (a), stating the <u>under-</u> lying cause lost. [c]
law r ysicia been been 'ol, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
ing phone to hos burial remover	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO STATE OF CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
ICIAN office of the on, or	
PHYS of ar this ce r use o	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of twork of two
DING haspit After red fo red fo	21. I certify that I ottended the deceased from NOVEMBER 1960, to MARCH 1961, that I lost sow the deceased
TTEN Y the TOR: delact to bur	alive on MARCH 18, 1961, and that death occurred of 100 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
OR A DIRECT DIRECT The prior	SIGNATURE / artter L. Segten MD. 819 PARK AVE. MARCH 19,190
show strar	PHYSICIAN'S CARLTON L. SEXTON BALTIMORE, MD.
HOSE 3 FUNE Poge 3 lhe reg	220. PORIAL, CREMATION 22b. DATE THEREOF 22C. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stote)
D - D	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Stell and of the covered of OSUSYIMA, Noble DATE MAR 20'61 City & Knows



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2711 CERTIFICATE OF DEATH 02691
director	1. PLACE OF DEATH O. COUNTY Baltimore County 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Harland ARYLAND
Funeral Funeral	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland C. LENGTH OF STAY IN 1b C CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) Whiteford
the day the	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Mt. Wilson State Hospital ON A FARM? YES NO
filled ges 1 or	3. NAME OF DECEASED (Type or print) TAMES R COMBS DEATH 3 7 196
ed with apletely ers. Po after de	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) WIDOWED DIVORCED 9. 2. 1894 9. AGE (In years last birthday) Monits Doys Hours Min.
and can ban pop 72 hours	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physicion of within 7	GEORGE HARVEY EDITH SCARBER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address
ding physeremy event.	Wilson State Hospital Records, Mt. Wilson State Hospital
the dea ne attent nen plea	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Far advanced breath
es that ed by th mit. Tl aval, or	Canditions, if any, which gave rise to immediate the pullum any tube, culasty
cian.	lying cause lost.
The fav g physi has be uriol-tr smation,	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS' PERFORMED? Tuber culous bering to be condition of the condition o
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ital or r this ce far use for to bi	Haur a. m. p. m 19 While Nat while at wark at wark at wark
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DR ATT ned by DIRECTO Id be de ord of He	ATTENDING MED. STAFF 22c. PHYSICIAN'S 22d ADDRESS ATTENDING MED. STAFF PHYS. 3.7.176
Private Book Book Book Book Book Book Book Boo	Wh. Newcomer, M.D., Superintendent Mt. Wilson State Hospital, 1 t. wilson, Mc
TO HOY E	236 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) (State) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
VR AIS (4) 15M 9/59	TOLIN HURARKINS DELTA, PA. MIR 10'61 Cing time



15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No. 02692 2. USUAL RESIDENCE (Where deceased fived. If institution Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RERAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Manth Year Day 19 IF UNDER 1 YEAR! IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY Address. INTERVAL BETWEEN 10 min PERFORMED? YES NO (Stote) (County) 6. 19 6 that I last saw the deceased and that death accurred at 6.40 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) (City, town or county) (Stote)



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) . COUNTY b. COUNTY -Baltimore MERYLEND pue b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town! Catonsville Baltim ore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Eutaw place and Lavale St. STATE YES NO T NAME OF DATE DECEASED 196] (Type or print) DEATH Mar ch Florian Georgina Conner 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Hours DIVORCED [6, WIDOWED ! female 10e. USUAL OCCUPATION (Give kind of work , 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Texas waitress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Georgia Sterling Charles Florian
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. (Yes, no, or unknwn) (Ifyes give weror detes of service) 161-26-6327 Records : SPRING GROVE STATE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Cardiac failure IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AJTOPSY PERFORMED? NO X obe sity 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While Hour e.m. et work et work 19 57, to March 19 19 61, that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from Oct. 4... 22b. DATE 22e. SIGNATURE STAFF STATE HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Stella Wachsler. M. D. Catonsville 28. Mary land 232 BORIAL, CREMATION | 236. DATE THEREOF LOCATION (City, lown or county) 123c. NAME OF CEMETERY OR CREMATORY (Stete) 256. REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



director, filed with the funeral should be fi completely filled popers. Poges 1 Poges ofter 72 hours ond corbon permit DIRECTOR: FUNE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2714 , PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Balto. Co. MARYLAND Balto. Co. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Chase Chase d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE d STREET ADDRESS Thenezer YES NO W Ebenezer Road NAME OF Middle 4. DATE Year DECEASED OF DEATH Margare: (Type or print) Crouch 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years S. SEX lost birthdoy) Months 6-5-1869 Temale DIVORCED | WIDOWED 97 yrs 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife 13 FATHER'S NAME Annie Rollins IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 27 Ceader Ave. Towson 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ARTERIO-SCLEROTIC HEART Conditions, if any, which) gove rise to immediate WITH HYPERTENSION couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO P 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 21 I certify that (I) (this haspital) attended the deceased from SEPT 1959 ta MAR 8 1961, that (1) (we) last 1961, and that death accurred at P.M. from the causes and on the date stated above. saw the deceased alive an MAR 22a. SIGNATURE 22d. ADDRESS 22c PHYSICIAN'S 108 S. THYLOR AM 23o BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d EOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 25b. REGISTRAR'S SIGNATURE

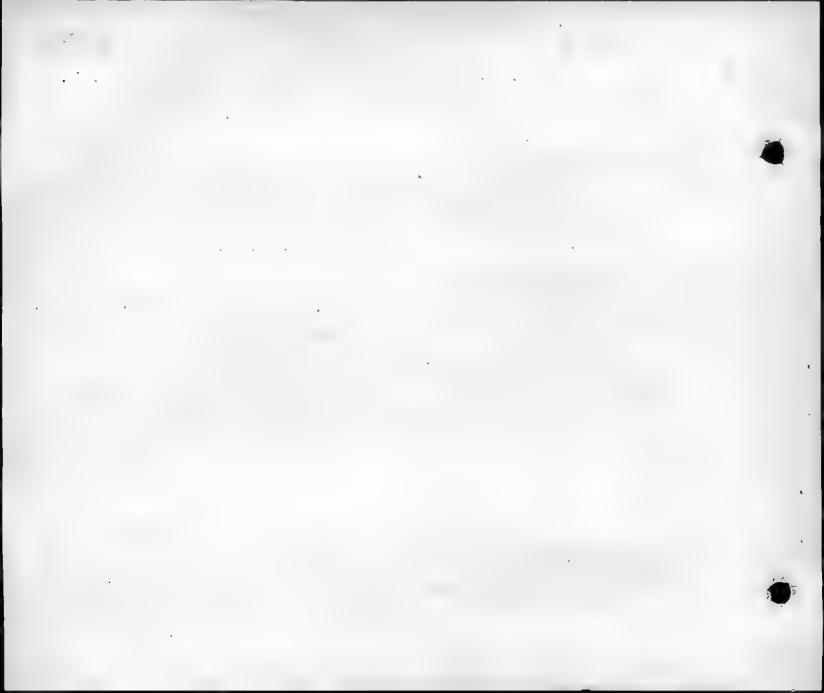
2So. REC'D BY REGISTRAR

DATE MAR 1 3 '61

areling S. Kines

0 VR A15 (4) 1SM 9/S9

24. FUNERAL DIRECTOR'S SIGNATURE

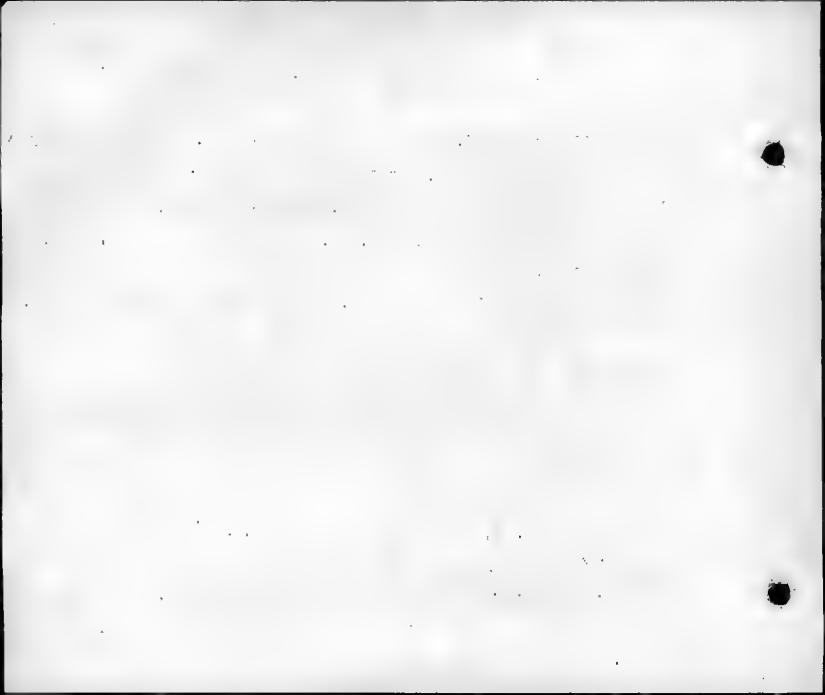


y the funeral director, and 2 should be filed with ■R ATTENDING PEYSICIAN: The law requires that the desth certificate be execused within 24 heurs ofter death. Page 4 may be need by the haspital or attending physician.

DEUNERATOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. TO HOSPITA may be TO FUNEK

VR A15 (III) 15M 9/59

ı		2715		CERTI	FICA	TE OF DE	ATH				{	1265	3
-	1. PLACE OF DEATH d. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESID	ENCE (Whe	re decease	d lived If in b. CO		Residence Balt		
The second	RURAL and give	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore			c. LENGTH OF STAY IN 16		.c. CITY OR TOWN (If outside corporate limits, write RURAL and giv						wn)
1	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitol, p 1521 Barr		4.4		d. STREET AL		ett	Rd. #	/ 7		ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Antho	ny	Middl J.	Cul	Lotta lest		4. DATE IIIF DEATH		Month	12,	Doy	Yeor 19 6:
	male	6 COLOR OR RACE White	WIDOWE	DIVORC	ED 🔲	8. date of Birth	, 189		9. AGE (In lost birth	years II day)		ays Hou	rs Min.
	guard	FON (Give kind of work orking life, even if retired	1	nkerton		Agy.	Mar	ylar				S.	A.
		Gugliotta					phin	ie .					
	15. WAS DECEASED ET	VER IN U.S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO 215 32 81		iformant Ins. Jose	daug	shter ne Bu	imba 🤉	Addres 924	Elmr	idge	Ave
	Conditions, if gove rise to couse (o), stotin lying couse los	g the under-	C	contributing to D				NAL DISEAS	SE CONDITIO	N GIVE	N IN PART 1	(o) 19. WA PER YES	FORMED?
	THER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)		CRIBE HOW INJURY (8.)		1 124	
l	20c TIME OF INJU	10	While	Not white	20e. PL	ACE OF INJURY (H tory, street, office	iome, farm, bldg., etc.)	20f. (City	y or town)		(Cou	inly)	(State
		terry X.			d that d		at 9:0	RAFINIT	the cause	es and	an the c		
	NAME (Type) Harry	L. Knipp, N		23c. NAME OF CEN	METERY Q	4116	5_Edn		TION (City, 1		county)	(S	itote]
	Burial 24. FUNERAL DIRECTO	3/6/61		New Cat	ched	ral Cem	eter	·			Mary	land	
- 1		Hubbard	4107		Ave		DATE MA		61		Inn 8. 1		



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MARYLAND STATE DEPARTMENT OF HEALTH

7***		Period Little and and a		
DIVISION OF STATISTICAL RESE	ARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND (LA
DIVISION OF STATISTICAL RESE	CERTIFICATE	OF DEATH		, U2696

li	PLACE OF DEATH	Item 9 Film	OSUAL RESIDEN	CE (Where deceased	I lived. If instituti	an: Residence before edm	1,5510 m)
	e. COUNTY Bal. timore		a STATE		b. COUNTY .		
-		MARYLAND		ryland		Baltimore	
н	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (I	Il outside corporete i	mits, write KUKA	L end give neerest lown]	
1	Catonaville	22yrlOmthlOdys	Lutherv	rille, mar	y land		
	d. NAME OF HOSPITAL OR INSTITUTION (IF not	in hospite, g ve street eddress)	d STREET ADDRESS		_	#. IS RESID	
7	TO STATE OFFICE STATE . TA	nom T	laminan	** *******		YES N	
-	SPRING GROVE STATE HO.	Tulmi Midde	l seminar	y Avenue	Month	Day Year	LX
`	DECEASED	A mark time at a mark	rasi	OF	WIGHTH	Dey 1001	
П	(Type or print) (Betty) ELIZABETH A.	Degal	DEATH	March	2] 19 6	1
1 :	S. SEX 6 COLOR OF RACE 7. M		DATE OF BIRTH			DER 1 YEAR IF UNDER 24	_
П	3 23 3 43 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		March 26 19		yes. Mon!	hs Deys Hours	Min.
-	24 C 21 CC 44 C	Ob. K ND OF BUSINESS OR INDUSTRY				CITIZEN OF WHAT COL	UNTRY?
	done during most of working life, even it retired)		25 -				
1.	none		May land			U. S. A.	
ď	3. FATHER'S NAME		14 MOTHER'S MAIDEN	NAME			
) -	George Dedal		Florence	Scott			
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 1	NFORMANT	•	Address		
Т	Yes, no, or unkown) (Il yesgivewerordelesofservice		ords: SPRIN	G GROVE	STATE	HO SPLTAL	
П	10. CAUSE OF DEATH (Enter only one cause		olda. Di leur	d dittory	OTALE	I INTERVAL BETWI	FFN -
Т	DART I BEATH WAS CALCED BY		0 17			ONSET AND DEA	
	IMMEDIATE CAUSE (+)	Conges tive heart	lallure				
	DUE TO						
	Conditions, if any, which \ (b)	Status convulsiv	นร				
	geve rise to immediate cause						
	(e), steting the underlying	Idiopathic epile	nsv				
١,		_	A 5	NA. DISEASE COND	ITION GIVEN IN	PART MAL 19 WAS AUT	OPSY
3	2	TOTAL STATE OF THE	T REPORTED TO THE TERRITOR	THE DISCUSSION WORK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORM	VED3
	5					YES X NO	
	PART II, OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING 200. OR CONTRIBUTING CAUSE OF DEATH IF EITER, NOTIFY MEDICAL EXAMINER	. DESCRIBE HOW INJURY OCCURED.	(Enter nature of in uny in	Peri , or Peri II ol ite	m IB)		
- 1							
- 13			CE OF INJURY (Home, fern ary, street, office bldg., etc.	n. 20f. (City or lov	wn)	(County) (Sh	ete)
	Hour e.m.	While Not While 1950	ary, sarear, office bred., arc.	"			
1			. [37 [T.	10 56 to M	arch 21	10 67 164 (1) (-> 14
	21. I certify that (I) (this hospital) a		6:	30,5 10	SHALKAL GAA,	19.61, that (I) (we	e) lasi
Ł	saw the deceased alive on March	1 21 19 61 , and that	death occured at a	M, from the	causes and		
1	220 SIGNATURE		ATTENDING)	MED. ST.	AFF	22Ь. Ц	DATE SiGNED
П	' L	f W	D PHYS.	DIRECTOR PH	YS. X	3-21-61	
н	22c PHYSICIAN'S NAME (Type) Stalla Wa	. 1 M. B	22d ADDRESS	SPRI G GR	LOVE STA	AE HOPITA	L
П	Stella Wa	chsler, M. D.		Catonsvill	e 28. M	1	
7	30. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION			1)
	BEHAMAI /Consider	61 Sater's Bapti	st Cometery	Luther	ville, M	laryland	
1	Burial Mar. 24,17	ADDRESS		O'D BY REGISTRAR			_
ľ				AR 2 7 '61		of S. Kraus	
1	John Burns' Sons, Tow	19019 19019	DATE		1		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 - MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEET. 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission PLACE OF DEATH o. COUNTY **b. COUNTY** o. STATE files. Health, MARYLAND b CITY OR TOWN 1st outside corporate tim is, write PURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate l'mits, write RURAL and give negrest town) ssex #2] d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS UCS Worton Road Worton Read 3. NAME OF 4 DATE First Middle Lost Month DECEASED DANTET JOSEPT PTT A SR. (Type or print) DEATH Yarch 11. 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED TIC NEVER MARRIED T 8. DATE OF BIRTH Months | Valle ..hite WIDOWED [7] DIVORCED T 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Poge during most of working life, even il retired) Retired Maryland Give Poges 1. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Delea Ann McHale 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 37 INFORMANT Address [Yes, no, or unknown] ve was or dates of service) IPS 212-03-1711 Delores warnecker 221 A Cave ive. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) pencil in l DUE TO Conditions, if ony, which gave rise la immediate couse DUE TO (a), stoling the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJUST OCCURRED. JEnler noture of injury in Port I or Port II of Item 18 1 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Month, Doy, Year Not while Hour o. m. of work of work p. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy 🗍 Inspection 🗗 orded CTOR: opinion death resulted from. Natural causes 12. Accident 1. Suicide . Hamicide . Undetermined manner RE ACTUAL CHIEF MEDICAL EXAMINER PIR SIGNATURE **EXAMINER'S** DEPUTY MEDICAL EXAMINER 17L NAME (Type) Short Short FUN 270 BURIAL CREMATION, 1226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) REMOVAL (Specify) 40 Thin al Oak Lawn Cemetery Baltimore Co., Mil. 73. FUNERAL DIRECTOR'S SIGNATURE

. astern Ave.

YS. A15ME 6M 2/57

24o. REC'D BY REGISTRAN 24b. REGISTRAR'S SIGNATURE

OATEAR 1 4 '61

Caroling & Thousand

(County)

Inquiry 17.

laltimore

Davs

USA

IS RES DEN E

YES | NO F

Yeor

Hours

12. CITIZEN OF WHAT COUNTRY?

NIERVALACIWIE -

PERFORMED1 YES 🖂

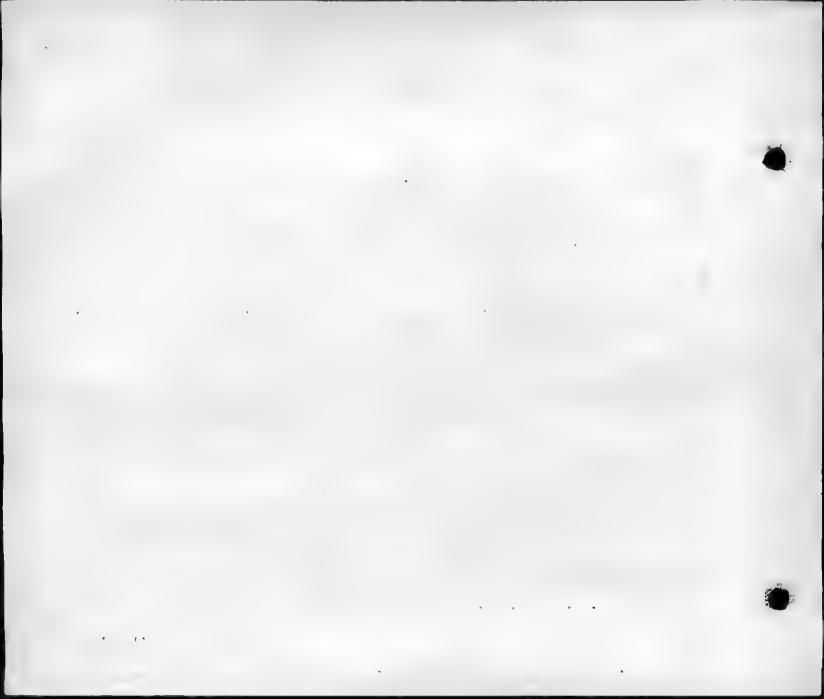
DATE SIGNED

(State)

NO

(State)

19 67



funeral led in by Pages remove carbon papers. Pages any event, within 72 hours aft

within 24 hours after

The law requirm that the death certificate be exacuted

TO HOSPITAL DE ATTINDING INVICIAN: The law require that the death certificate be exacutedeath.

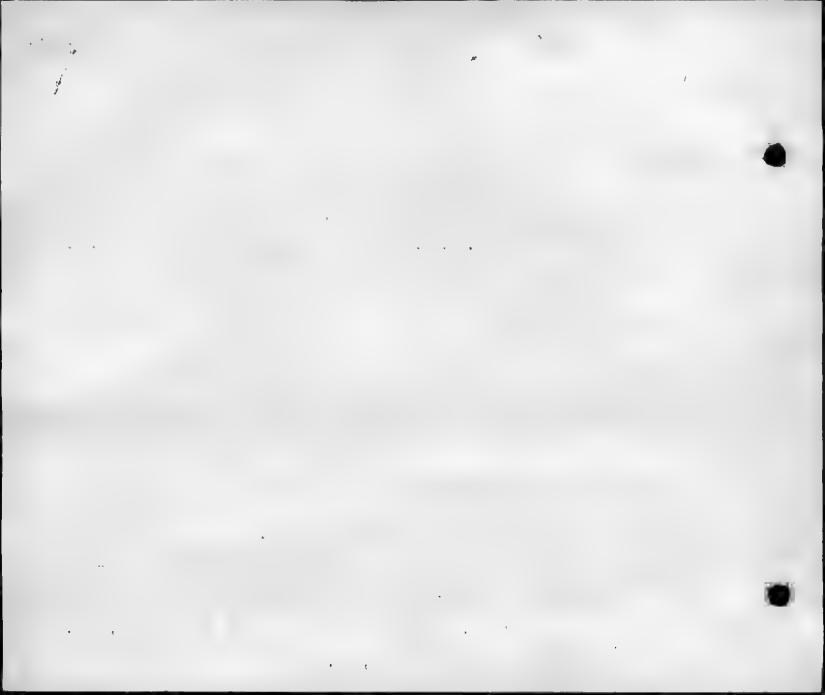
10 FURLAL DIRECTOR: After this certificate has been signed by the attending physician and completired or page 3 should be detached for use as the burial-transit permit. Then please remove carbon page be filed with the State Dept. of Health prior to burial, cremation, or removal, aptique event, within 72

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2718 CERTIFICATE OF DEATH 02698

1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased	lived, If institut on:	Rasidence before edmission)
Baltimore	MARYLAND	e. STATE	land	b. COUNTY An	ne Arundel 🗸
b. CITY OR TOWN (If outside corporete limits,	c. LENGTH OF STAY IN 16				nd giva nearest town)
write RURAL and give nearest town) Catonsville	16 days	Odenton.			20
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	rich herier		. IS RESIDENCE
	OSPITAL	Вох 184			ON A FARM?
3. NAME OF First	Middle	Last	4. DATE	Month	Day Year
(Type or print) Lester	Lee	Disney	OF DEATH	March	16 19 61
		DATE OF BIRTH	9. AGE	(In yeers IF UNDER	
		_	last b	irthday Months	
male White William 100. USLAL OCCUPATION (Give kind of work 10	OWED DIVORCED	Sept. 11, 18	371 89		ITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	_				
maintenance man (ret)	P. R. R.	E rylar			J. S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Andrew J. Disney			t Redmile		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown), (lifyes give wer or detes of service)	16. SOCIAL SECURITY NO. 17. 1	INFORMANT		Address	
unknown		ecords: SPRI	LIG GRC VE	STA	HOSPITAL
18. CAUSE OF DEATH (Enter only one ceuse					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (#)	Arteriosclerotic	cardiovascul	ar diseas	е	ONSET AND DEATH
LEIN NO DLETC					-
	Arteriosclerosis	. generalized	and seve	re	
geve rise to immediate cause		, E			
(e), stefing the underlying course lest.					
19	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDIT	TION GIVEN IN PA	RT 3(a): 39. WAS AUTOPSY
OF THE STATE OF TH			.,		PERFORMED?
Nephro	sclerosis	(6-1	last Cas Bast L of Hos	10)	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS Nephro 20e. Accident was underlying 1 20b. OF CONTRIBUTING 11 CAUSE OF DEATH OF THE EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE NOW INJOKY OCCURED	. (cirilli nerale of pipary to r	an to han to the	10.,	
	ROJ. INJURY OCCURRED 200, PLA	CE OF INJURY (Home, farm	. 20f. (City or tow	(Cc	ounty) (State)
Hour a.m.	While Not While fect	lory, street, office bldg., atc.			
	t work et work	Massala II.	- 47 M	omah 16	753
21. I certify that (!) (this hospital) a	ilended the deceased from.	raren 14	30" 10	arch 10, 19	>>±, that (I) (we) last
saw the deceased alive on		death occured at£	La.M. from the	causes and on	the date stated above.
22e. SIGNATURE	11 - 1 = 5	2444	ED. STA	FF -	22b. DATE SIGNED
22c. PHYSICIAN'S	M	224 ADDRESS	RECTOR PHY		-16-61
NAME (Type) Stella Wach	sler. A. D.	3F	RING GRO	VE STATE	HOSPITAL
			tons ville	28, Hay	and
23e. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION		
Burial 118th March'			-	undel Co	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC	R 2 0 '61	256. REGISTRAR'S	
1 Congeron	Glen Burnie	Md. DATE MIN	DI E O O I		i i hener



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before ed miss on) a. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporete .mits, E LENGTH OF STAY N 16 c. CITY-OR TOWN (If outs de corporele limits, write RURAL end give nearest town) HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF DECEASED OF (Type or print) DEATH 19. AGE HIT YEAR LIF UNDER 1 YEAR MARRIED NEVER MARRIED Months 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending parentee 16. SOCIAL SECURITY NO. 17, INFORMANT Yes, no, or unkown) (Ifyesg vewerordetesofservice) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] IMMEDIATE CAUSE (a) gave rise to immediate cause (e), stelling the underlying PART HI, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY certificate 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INILIRY OCCURED, (Enter nature of nearly in Part I or Part II of Item 18) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) [County] 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) While __Not While Hour e.m. at work at work may be retaine DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from S. 20 mm, 1947, to 3 miles, 1964, that (I) (we) last 22a. SIGNATURE STAFF DIRECTOR PHYS. 22e PHYSICIAN'S 22d. ADDRESS 0

ON A FARM?

JE UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH 1de

> PERFORMED? NO Z

> > (Stete)

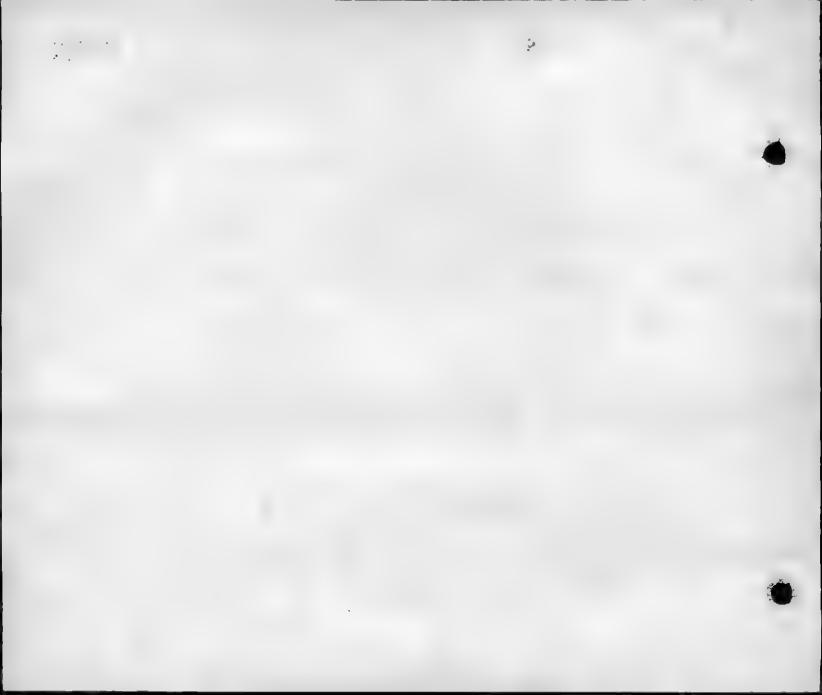
22b. DATE

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE MAR 2 0 '61

SIGNED

VR A15 (4) 15M 9/80



1/21/2

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02701

the attending physician and campletely filled by the funeral director. Then please remave carbon papers. Pages 1 and 2 should be filed with may be the back by the haspital or attending physician.

TO FUNEX.X. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

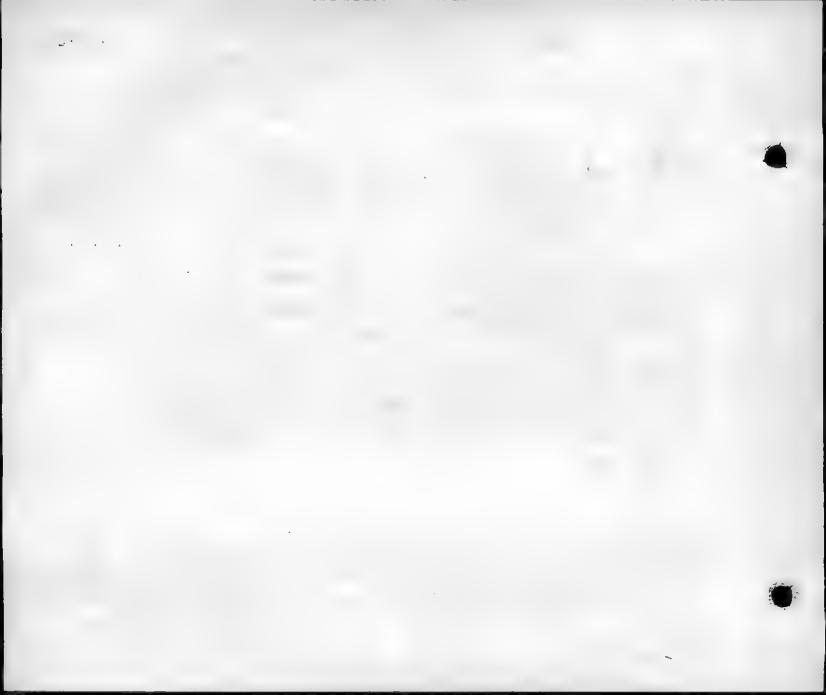
OR ATTEMBING MIYSICIAN: The om requires that the death certificate be executed within 24 haurs after death Tale 4

TO HOSPITAL

VR ATS (4) 15M 9/59

0

	LACE OF DEATH L COUNTY Baltimore	MARYLAND	2.	a. STATE	ence (Whe		l lived. If institut b. COUNTY	1	sidence be		ion)
I	o. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		c. CITY OR TO	OWN (If ou	stside corpo	rote limits, write l	RURAL	ond give r	earest tawn)
S	Catms ville I NAME OF HOSPITAL (If not in hospital, give street of or institution) PRI GROVE STATE HOSP	27 days oddress)	7	Cato d STREET AC 1101			^{rt} oad				DENCE FARM? NO
1	NAME OF SECTION OF SEC	Middle	Ehl	lost .er S		4. DATE OF DEATH	Mo Mar				reor 19 61
S. 5	male white widows	D DIVORCED	A	ATE OF BIRTH	7		9. AGE (In years last birthday) yrs	Mon		AR IF UNDS Hours	R 24 HRS Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) MOCHANICAL eng.	RET.			ry lan	d	ountry)	12	U. S	OF WHAT C	OUNTRY?
	unichown / FW/16 E	HLERS		33	nknow	n /	155AC				
15.		SOCIAL SECURITY NO. 17	INFOR	MANT	·		Add	dress			
		nown	Rec	ords:	SPRI	JG G	ROVE ST	HE	HO.	SITAL	
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	e for (0), (b), and (c).] Pulmonary ede Cardiac failt Arteriosclero	ure	cardio	vascu	ılar d	is ease		O O	NTERVAL BE	TWEEN DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	ON TU	RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN	PART 1(o	19 WAS PERFO YES [NO A
	200 ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	RED. (E	nter noture of	injury in P	art I or Por	I II of item 18.)				
MEDICAL	20c. T ME OF INJURY Month, Doy, Year 20d. It Hour o. m. 19 While of work	_ Not while		OF INJURY IH street, office			or lown)		(Coun		(Stote)
	21. I certify that (I) (this haspital) attend saw the deceased alive on <u>March</u>			harch h occurred	5. 75	M. from	Flarch the causes a				abave,
	22a. SIGNATURE	.11, 1	M.D	ATTENDING	Z DIR	RECTOR [STAFF PHYS	045	3-29-	-61	SIGNED
	22c PHYSICIAN'S NAME (Type) Stella Wachsler	, M. D.		22d ADDRE	01	KNG t <u>ons</u> v	GR. V.; ille 28,	Ta Ma	E l rylar	1031 11 nd	AL
2	BUR AL, CREMATION, 236 DATE THEREOF REPROVAL (Specify)	230 NAME OF CEMETERY		V		B	TION (City, lown,	00	. 1	K. (Stor	e)
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Co.	0	28	250 REC'D	R 3 0 6	PAR 25b. REC	STRAR	's alchia	TURE	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death to be death as be retained by the hospita or attending physician.

TO FUNCEAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be before the prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2722

CERTIFICATE OF DEATH

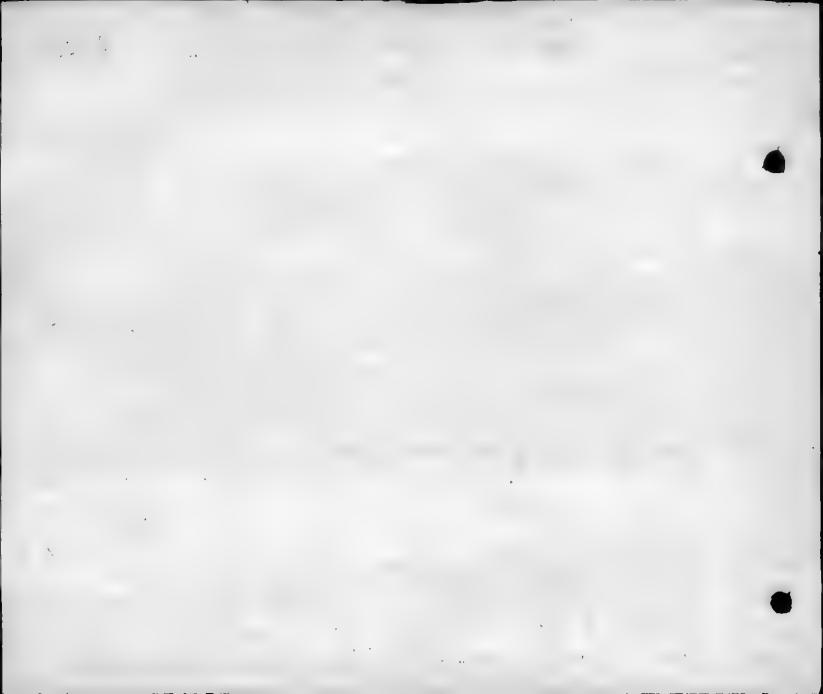
()2702

1.		USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission)
/ -	e. COUNTY	e. STATE b. COUNTY
-	b. CITY OR TOWN (if outs de corporate imits, c. LENGTH OF STAY N Ib	Maryla nd Bal timore c. CITY OR TOWN (If outside corporate I mits, write RURAL and give rearest town)
	write RURAL and give neerest town)	C. CILLOK IOAM (IL odizide colborate rillis) At la VOKUT and 8 46 heares. John)
	Catonsville	Catonsville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address)	d. STREET ADDRESS ON A FARM?
	101 O D	424 Greenlow Road YES NO
W	124 Greenlow Road	Lest 4. DATE Month Day Year
E 3.	DECEASED M.ddla	OF
	(Type or print) Catherine L. Esse	ert March 25, 1961 19
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA	TE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED Sept	37 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	. BIRTHPLACE (County & State, or lore on country) 12. CITIZEN OF WHAT COUNTRY?
	Never Worked	Bal timore, Md. U.S.A.
13		MOTHER'S MAIDEN NAME
	Frank L. Essert	Edna T. Hayden
15	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.; 17. INFO	
	(Yas, no, or unkown) (Ifyasgivewarordatasofsarvice)	
	no None Mrs.	Edna T. Essert-424 Greenlow Road BETWEEN
	18. CAUS. P DEATH [Entar only one cause per ina for (a), (b), and (c).]	CAMEET AND DEATH
	PART: TH WAS CAUSED BY: MMED ATE CAUSE (a) Metas	tate Carcinoma ser month
	1/- 2	· · · · · · · · · · · · · · · · · · ·
	Conditio (b) adenoca	rainona of Intestine about 3 yr.
	177	sunora of suremm was you
	gava rise to import that causa DUE TO	
	cause last.	
z	Z PART II OT SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 81 19. WAS AUTOPSY
일	<u> </u>	PERFORMED?
5	₫	
CERTIFICATION	ZOs. ACCIDENT WAS UNDERLYING ☐ 1 20b. DESCRIBE HOW MJURY OCCURED. (Ent. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)	ar natura of injury in Part I or Part II of item 18.)
₹	\$ 200. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 200. PLACE O	F INJURY (Home, farm, 20f. (City or town) (County) (Stete)
MEDICAL	Hour a.m. While Not While factory, s	tireat, office bldg., atc.)
1		
	21. I certify that (I) (this hospital) attended the deceased from	about 1936, to 3-15, 1961, that (1) (We) last
		ath occured at 7PM, from the causes and on the date stated above.
	22e. SIGNATURE	22b. DATE
	a. Hickorto.	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. D
	MD MD	
	22c. PHYSICIAN'S NAME (Type) GUSTAU HIGHSTEIN	22d. ADDRESS & W Combosed &
	The state of the s	
23	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	
7	Burial 3-29-61 Loudon Park	Cemetery Baltimore, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5	5/ 1	7. 1/1 DATE MAR 27 '61 arthur S. Hraus
	1.77 1 in . Har wither the Leather	/1//CA DATE THAT S. Thates



Division of STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND 72 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) director, Page or your files, e. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest lown) ö 23vrlmthl6dvs Baltimore Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS "IS RESIDENCE ON A FARM? 3510 Holmes Avenue HOSPITAL YES [] NO IS 3. NAME OF M ddle DATE Month DECEASED OF the (Type or pant) DEATH Israel Exler March 31 19 6] × i.h 5. SEX 6. COLOR OR RACE T. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. and 2 w last birthdey) Hours WIDOWED [DIVORCED | male white 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country, 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, even if retirad? Pages rag picker Russia Russia pages PM3. 14. MOTHER'S MAIDEN NAME Hilda Flaxman Erey Exler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16 SOCIAL SECURTY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) Office along with burial-transit permi Reocrds: no uknowi STATE HOS TTAL 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** geve rise to immediate cause 60 **DUE TO** (a), stating the underlying cause lest. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1. On 1-29-61 an open reduction and internal fixation with Smith-Peterson PERFORMED? NO X Medical 2 mails and Waleughling, Sister Hartour encounter was a partion with or Hem 18) On I-19-61 while on should PRIMARY [or CONTR BUTING [] the way to the diningroom, potient was knocked down by another an intertrochanteric frac. of the right femul acute the certificate, writing Chief 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While Catonsville 28. Md. at work at work hospital forwarded to the L DIRECTOR: P. 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | and in my opinion Accident 170 Suicide death resulted from: Natural causes Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S George M. Kieffor, M. D. NAME (Typa) Address (Street, city, town, or county), pluous 220. BURIAL CREMATION T MAME OF CEMETERY OR CREMATORY 240 0 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE APR Cirilwa & Flower

MARYLAND STATE DEPARTMENT OF HEALTH



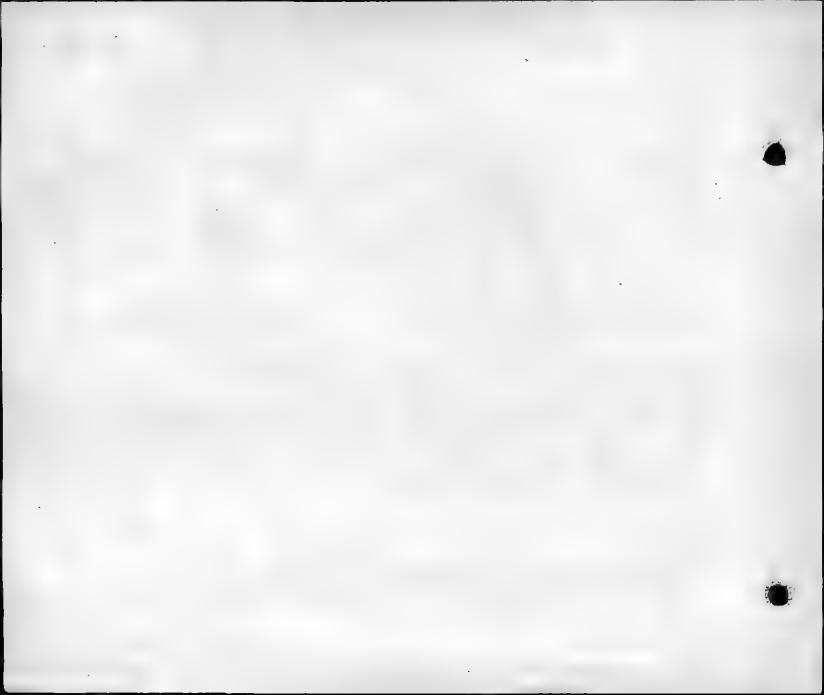
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2724 THE DEFILITY MEDICAL EXAMINER: This certificate should be emmuted within 24 Hours ofter Health. If any delay is necessory, please execute the continuous, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral diversor. Page 4 should be forwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your to the Chief Medical Examiner's Defice along with form PM3. Page 5 may be retained for your to burief, exemption, 1 11 or removol. VS. A15ME(5)

Reg. Dis()2.704

	PLACE OF DEATH D 7 TO	2. USUAL RESIDENCE (Where deceased lived. If Institution: Resider	nce before admission)
	DALIO. MARYLAND	a. STATE MD. b. COUNTY BA	LTO.
	c. LENGTH OF STAY IN 16 only one greatest term)	c. CITY OR TOWN (If autside corporate limits, write RURAL and	give neorest town)
<i>₹</i> [EMMERS RUN 9 MONTHS	STEMMERS RUM	X
	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	811 SUNNYSIDE RD.	18112UNNAZIDE KD	YES NO E
	NAME OF First Middle	Lost 4. DATE Month	Day Year
	(Type or print) MICMEL		3 1961
5. 5	Anit Williams	S S	YEAR IF UNDER 24 HRS.
1/2	TALE WIDOWED B DIVORCED	2/11/10/7 86 yrs.	
100	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
L	CARPENTER SHIPYARD	RUSSIA RU	55/A V
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
上	NOTKNOWY	MOT KNOWN	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 1, no, or unknown) 1 11 yes, give wor or dates of services 1.	NFORMANT Address	n
	NO 1 - 216-05-1421 Wis	SEUA WEBB 1817 DUN	VNYSIDEK
Г	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH ,
П	MAMEDIATE CAUSE (a) Jaffa Cot from	- Suraidu	10 min
П	79 DUE TO		
	Canditions, if any which) (5)		
	gave rise to immediate couse (a), stating the underlying DUE TO		
	cause last. (c)		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?
3			YES NO EL
CERTIFICATION	I PRIMARY LI OF CONTRIBUTING LI	Enter nature of injury in Part I or Part II of Item 18)	
	CAUSE OF DEATH.		
WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA fact	CE OF INSURY (Home, form, 20f. (City or tawn) (Courtoy, street, affice bldg., etc.)	nty) (State)
¥	p. m. 19 at work at work		
	21. I certify that I taak charge af the remains described abo	ove, held an Autapsy 🔲, 🛮 Inspection 🔟 🛴 Inquiry	/ 🔼, and find that
	death resulted fram: Natural causes [], Accident [], Sui	icide 🔲 , Hamicide 🔲 , Undetermined cause 🔲 .	
	1066		DATE SIGNED
	SIGNATURE A MCCACLIUS	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNES
	EXAMINER'S TACK P C //	ASSISTANT MEDICAL EXAMINER 🔲	12-1
	NAME (Type) DACIC E COLLINS	DEPUTY MEDICAL EXAMINER	2-15-61
220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county)	(State)
B	URIAL 3/15/61 PCHWARTA	2'5 154170.	11D.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
2	90 Hoffwann 3218 HUDSON ST	~ (24) DATE MAR 1 4 '61 Chillian &	. There

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5M 9/55



SM 9/60

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2725 CERTIFICATE OF DEATH 027052725

1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased leyed, if institution: Residence before edmission)
	Baltimore MARYLAND	" SMaryland b, count Baltimore / /
	b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give naerest town)
	writa RURAL and give neerest town 28	Baltimore 26
	d. NAME OF HOSPITAL OR INSTITUTION (if ngt in hospital, give street address)	d. STREET ADDRESS . IS RES DENCE
	Mrs. Blassett's Nursing Home	7817 High Point Road YES NO NO THE NO
3.	NAME OF First Middle	Lest 4. DATE Month Dey Year
	(Type or print) Bernard H.	Farley DEATH March 2 1961
15		DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
/ 3.	7. MARKIEU LA NEVER MARKIEU	lest birthdey Manthal Days House Min
10		Tuly 3, 1894 66 yrs 12. CITIZEN OF WHAT COUNTRY
q	one during most of working life, even if retired)	
	Carpenter Home construction	
13	I. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Henderson Farley	Nannie Hughes
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 1 (es, no, or unknown) [(Ifyasgivewarordatesofservica)	NFORMANT Address
,		Mrs. Nora Farley, White Marsh, Maryland
	18. CAUSE OF DEATH [Enter on y one cause per lina for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART . DEATH WAS CAUSE BY . 1729 CT and al Jan	darelin 1307.
	DIETO	
	Conditions, if any, which) the Herricales were large	he Tasentas () 200 ax 1031 -
	geve rise to immediate ceuse	
	(a), stating the underlying DUE TO	
_	couse last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
ÕH.	TAKTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH SOTHER	PERFORMED? ,
Z		YES NO 6
CERTIFICATION	20b. ACCIDENT WAS UNDERLYING ☐ ; 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING ☐ CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	(Enter neture of injury in Pert or Pert II of item 1B)
Y.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
MEDICAL	Hour e.m. While Not While fee	lory, straet, office bldg., etc.)
2		5-1: 10-11: 2-2-10//11:00/11
		5 -6 1, 19 6 (to 3 -27 , 19.6/s, that (l) (wo) las
	and the second s	death occured a V. M., from the causes and on the date stated above
	220 SIGNATURE 2-9	ATTENDING MED. STAFF 226. DATE SIGNED
		D PHYS, DIRECTOR PHYS.
	222. PHYSICIAN'S NAME (Type) Wilmer K. Gallager, M.D.	6209 Frederick Rd. Catonsville 28, Md
=	The RURIAL CREMATION 123b. DATE THEREOF 123c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (State)
2;	REMOVAL (Specify)	3310 Taylor Avenue
-	BURIAL 3-4-61 Parkwood Ce	MIEUCIY .
	Funeral director's signature ADDRESS Villiam Cook, Inc., 1217 St. Paul Stree	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	"TT Tam OOOK THO. TET DO LUMIT DOLE	DATMAR 6 61 Octhur & Krous

02706

	1 P	PLACE OF DEATH				lian; Residence before admission)			
1	°	Baltimore	MARYLAND	o. STATE Marvla	nd b. COUNTY	Baltimore			
1)	b	CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest tawn)		c. CITY OR TOWN (IF	autside carporate limits, write	RURAL and give nearest tawn)			
	H	Rural - Harrisonville d. NAME OF HOSPITAL (If not in hospital, give st	5 yrs.	d. STREET ADDRESS	onville	IS BESTDENICS			
	Ľ	OR INSTRUTION BOX 231A Randallstown		Box 231A R	Liberty Road andallstown P.	e IS RESIDENCE ON A FARM? YES NO K			
		NAME OF DECEASED Type or print) (Clice	Middle	7 Last	4. DATE OF DEATH	with Day Year 196			
	5 \$	Damala White	MARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH Jan. 1, 18	79 P AGE (In years lost birthday) 82 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.			
	10a	USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	a ar foreign country)	12 CITIZEN OF WHAT COUNTRY			
		during mast of working life, even if retired) HOUSEWITE	NOne	Maryl	and	U.S.A.			
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
()		John Wienke		Unknown					
		WAS DECEASED EVER IN U. S. ARMED FORCES? Into, or unknown) [If yes, give wor or dates of service]	16. SOCIAL SECURITY NO. 17 IF	IFORMANT	Ad	dress			
	,	No	None Mr	. Howard W.	Fee,4605 Wilke	ns Ave.Balto.29, Me			
		18. CAUSE OF DEATH Enter only one cause p		1 1	~ 1.	INTERVAL BETWEEN			
		PART I DEATH WAS CAUSED BY							
		IMMEDIATE CAUSE (d) Start According to the control of the control							
		Let d if DUE TO 160 Cardle + 150							
		Conditions, if day, which (b)	wine was	www Ke	WI KINCE	all			
		cause (a), stating the under:	1-1- 10						
	_	lying cause last. (c)	neno per	crows					
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIC	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION G	VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO			
,		200 ACCIDENT WAS UNDERLYING [] 20b. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Port II af item 18.)				
	MEDICAL	Haur a.m.		ACE OF INJURY (Home, far trory, street, office bldg, et		(County) (Stote)			
		21. I certify that (I) (this haspital) at	tended the deceased from	3/4/6/ 11	13/5/61	, 19, that (I) (we) last			
	Ш	saw the deceased alive an 3/2/	///	7 7 7 7 3		and on the date stated above.			
		220. SIGNATURE	ond mai c	rearn accorred ar	Tyr, fruit the Eduses of	22b. DATE			
		Am & Mar	tire	M.D ATTENDING	MED. STAFF PHYS	SIGNED			
		22c. PHYSICIAN'S NAME (Type) WM. E. M.	+RPIN	Raud a	Matory	my			
	23a	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d LOCATION (City, town	ar caunty) (State)			
À		7-9-1961	Loudon Park	Cemetery	Baltimore,	Maryland			
5	2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATURE			
4		Thein Burgar	8728 Liberty F	load DAMAR	R 1 0 '61 Ct.	ing S. Kraus			
	Towns of the		· ·						

Kandallotown, Wd.

TE HESPITAL DR ATTENDING EHYSICIAN: III law requires that the death certificate be mecuted within 21 Laurs after Reath. Page 4 D FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remaye carbon papers. Pages 1 3nd 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. ned by the haspital or attending physician. moy be VR A15 (4) 15M II/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02707

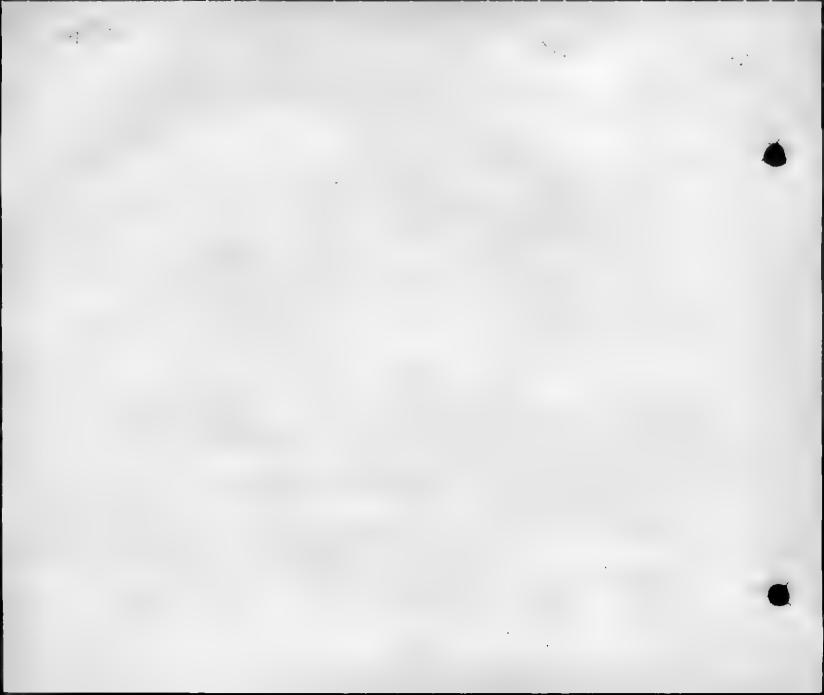
1 PLACE OF DEATH a. COUNTY BE	altimore	MARYL	n. STATE	IDENCE (Where deceased live Maryland	5 COUNTY -	nce before odmission) ltimore
Baltimo		c. LENGTH OF STAY I	That	timore 6.	imits, write RURAL and	give nearest tawn}
	TAL (If not in haspital, give str	eet address)	d. STREET			e, IS RESIDENCE ON A FARM?
	4304 Neck	er Ave.		<u>4304 Necke:</u>	r Ave.	YES NO X
3. NAME OF DECEASED (Type or print)	GUY ROL	AND FISH		4. DATE OF DEATH	Month 3-2-	Day Year 19
s sex male	31123600	OWED DIVORCED	- June	8,1893 2	st birthday) Mapshs	Pays Hours Mis-
10a USUAL OCCUPATI during most of war	ON (Give kind of wark dane 1 rking life, even if retired)					IZEN OF WHAT COUNTRY?
COOPER 13. FATHER'S NAME		distillery		aryland S MAIDEN NAME	U	.S.A.
_	i Diahno.		Mar			
Lev:	i Fishpaw er in u. s. armed forces?	16. SOCIAL SECURITY NO.	17. INFORMANT	ra pueerer	Address	
(Yes, no, or unknown)	(If yes, gave wor or dates of service)		Hilda T	. Fishpaw	ab	ove
Canditions, if a gave rise to cause (a), stating lying cause last	the under-	yperte/	rsive (PROLICIA	s, Dis	· 15 y.
PART II OT	THER SIGNIFICANT CONDITION	V NICIOU	TH BUT NOT RELATED T	OTHETERMINAL DISEASE COI	ndition g ven in Pai	PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 1 206. I G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURRED (Enter nature	of injury in Part I ar Part II of	item 18.)	
ZOC TIME OF INJU Have a.m. p. m.	W	d. INJURY OCCURRED hile Not while work at work	20e. PLACE OF INJURY factory, street, affi	(Hame, form, 20f. (City or to bldg., etc.)	awn) ((Caunty) (State)
	at (1) (this haspital) attended asset alive an MAY	1 1 1	that death accurred M.D. ATTENDIN PHYS 22d ADD	NG MED ST		2 f. that (I) (we) last e date stated above. 27b DATE SIGNED
	FORDE	HUDSO	5N	1-0	RK, M	1 D .
*Burial		Jessop	Methodist	Spark		(State)
24, FUNERAL DIRECTOR		ADDRESS	li Ma	250 REC'D BY REGISTRAR	2Sb REGISTRAR'S S	GNATURE
Brooks F	uneral Servi	ice, Towson	1 4, Md.	DATE MAR 9 '61	anthon &	Figure

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may by need by the hospital or attending physician.

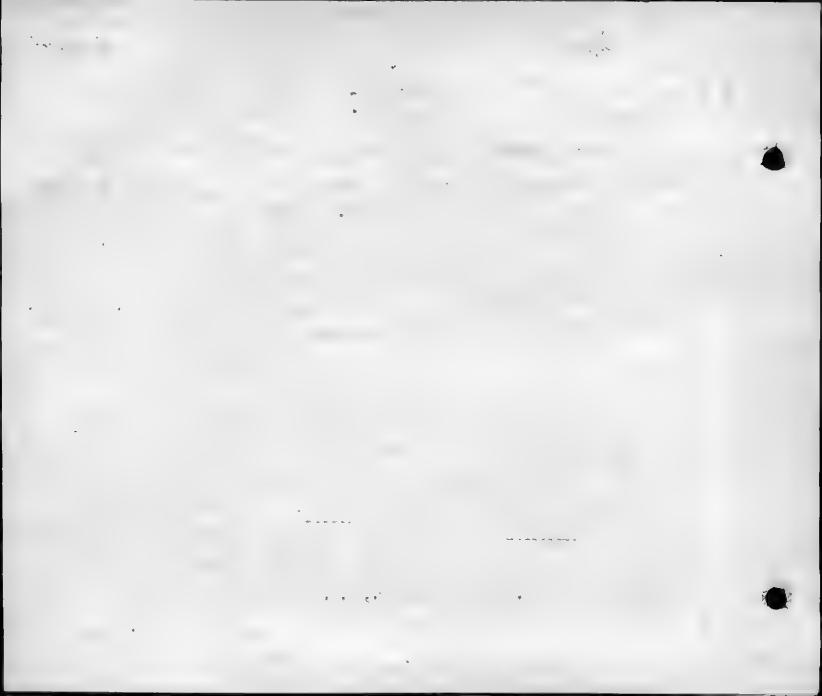
5 FUNEST. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. TO FUNE VR A1S (4) 15M 9/59



REET. BALTIMORE 1, MAN CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before edmiss on) a. COUNTY BALTIMURE STATE BALTI MORE
b. CITY OR TOWN (if outside corporete I mits, MARYLAND MARYLAND c. CITY OR TOWN (If outside corporete I m ts. write RURA, and give nearest town) c. LENGTH OF STAY IN 16 OWSON FULLBATON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address. . IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED DEATH MITACH (Type or print) 196/ carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years , IF UNDER I YEAR IF UNDER 24 HRS. last birthdey) Months physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if retired) HOUSEWIFE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DNKNOWH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) CHARLES 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] ONSET AND DEATH EXSANGUINATION (INTO IMMEDIATE CAUSE (e) 2 HOURS MASSINE INFARCTION OF BOWEL Conditions, if eny, which HOURS gave rise to immediate cause DUE TO (a), stating the underlying RTTONIOSCLENOSIS PART IF, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? ARTERIOSCLEROTIC NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Port I or Port II of Item 18.) 20e, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED, 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (Stete) factory, street, office bldg., etc.) Not While Hour e.m. et work | et work 3/19...... 196/., that (I) (we) last .. 19.6/., and that death occurred at A.M. from the causes and on the date stated above saw the deceased alive on... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING D RECTOR PHYS. PHYS. M.D 22c. PHYSICIAN'S 22d, ADDRESS TO FU directe be file 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) COOK-TOWSONING 1050 YORK RD-TOWGIY DATE 15M 9/60 Cirthun & Thomas



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND OMEDICAL EXAMINER'S **FOR STATE** CERTIFICATE OF DEATH HFALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) y is necessary, a COLINTY of teath, BALTIMORE b. COUNTY MARYLAND BALTIMORE files. MARYLAND b. CITY OR TOWN (if outside corporate lim.ts, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) for your write RURAL and give negrest lown) G1 vndon Gl.vndon d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 11 Central Avenue 11 Central Avenue YES NO [4. DATE 3. NAME OF M. della Lact Month Des Yee axecuted within 24 hours after death. If if in Item 18. Give Pages 1, 2, and 3 to the long with form PM3. Page 5 == y set remains permit. File pages 1 and 2 with the Stad in any evegt within 72 hours after deated in any evegt within 72 hours after deater. DECEASED OF (Type or print) DEATH TIMOTHY **JOHN** FLORENTIN March _____19 **61** IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X AGE (In yabrs | IF UNDER 1 YEAR B. DATE OF BIRTH last birthdey) Months Houns Male J dawodiw DIVORCED Feb. 12, 1961 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) None Baltimore, Md. U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret M.Tierney Francis Florentina 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no. or unkown) | (Ifyasgivewarordelesofservice) Office along with to burial-transit permit. Francis Florentina, 11 Central Ave. Glyndon, Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Interstitial pneumonitis IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if any, which [6] gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremat the word NO plnous 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CALSE WAS PRIMARY | or CONTRIBUTING | age 3 sho to burial, CAUSE OF DEATH. Ite the certificate, writing forwarded to the Chief L DIRECTOR: Page 3 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stala) (County) fectory, street, office bidg., etc.) Whila 2 Hour a.m. Not While el work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy A Inspection Inquiry and in my opinion agent, death resulted from. Natural causes 34, Accident Suicide Homicide Undetermined menner CHIEF MEDICAL EXAMINER [designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER Shamed by for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** W. Bradley King, Jr., M.D. ddress (Streat, city, town, or county) NAME (Type) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Eurial March 15, 1961 All Saints OH 40 Cemetery Reisterstown, Md. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATE MAR 1 7 J.F. Eline & Sons, Reisterstown, Md. Cirilar S. Thousa 5M 7/59 . 4434 6 X V 6



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where decembed lived. If institution: Residence before admission) a. COUNTY b. COUNTY . MARYLAND the funeral a after death. b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN/If autside carporate limits, write RURAL and give negrest town) RURAL and give hearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION NAME OF First Middle 4. DATE Month Day DECEASED 24 fillec (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED A NEVER MARRIED B DATE OF BIRTH 9. AGE (In years completely last birthday) Manths DIYORCED | WIDOWED F papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? deoth, oug carbon 14. MOTHER'S MAIDEN NAME physician Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN Baldura attending death 18. CAUSE OF DEATH [Enter only one cause per lure for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I DEATH WAS CAUSED BY: da IMMEDIATE CAUSE to: **DUE TO** Ë. Canditians, if any, which been signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. hospital ar attending physician. as the burial-transit PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY After this certificate has 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) Ö (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day. Year (County) factory, street, affice bldg, etc.) a m While Nat white at work 🔲 at work p. m ached for 4. 19.23, ta 21. I certify that I attended the deceased from 2-40///, 19/4/that I last saw the deceased and that death accurred at A.M. from the causes and an the date stated above. **MIRECTOR:** ADDRESS (Street, city_or lawn, state) ACTUAL þe prior SIGNATURE 3 shauld PHYSICIAN'S NAME (Type) TO FUNE 22a BURIAL, CREMAT 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY page

ADDRES

e. IS RESIDENCE ON A FARM?

YES NO IR

Year

PERFORMED?

YES NO

(State)

DATE SIGNED

24b. REGISTRAR'S SIGNATURE

Chilling of House

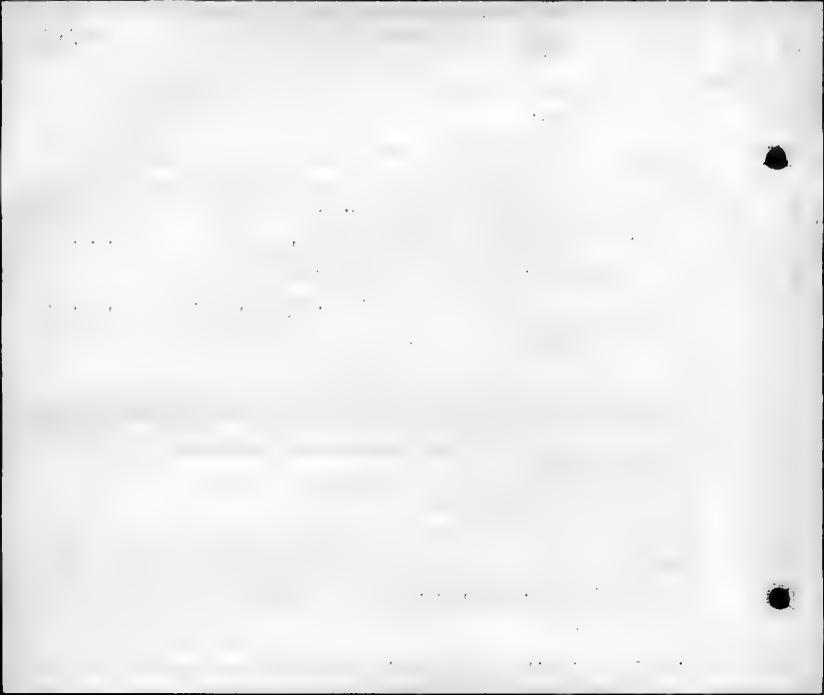
24n, REC'D BY REGISTRAR MAR 1 5 '61 19 6

Y5 A15 (4) 15M 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02713

	4134 CERTIFICA	TIE OF DEATH	() to g at 1)
/	1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived in institution R o. STATE Md o b COUNTY B	esidence before odmission) altimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Baltimore	C CITY OR TOWN (If outside corporate limits, write RURAL Baltimore	and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 1037 Beechfield Avenue	d. STREET ADDRESS 1037 Beechfield Avenue	e is residence on a farm? yes \ no \textbf{\bar{Z}}
		ritzges 4. DATE Month March	19
)	5 SEX MARRIED NEVER MARRIED WIDOWED DIVORCED	Oct. 9, 1886 74 yrs.	nths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI- during most of working life, even if retired) P& O R.R	. Maryland	2. CITIZEN OF WHAT COUNTRY? U. S. A.
	John A. Fritzges	Margaret Sussen	
		Address atherine Fritzges 1037 Be	echfield Ave
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter notate of injury in Part I or Port II of item IB.)	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work 21. 1 certify that (I) (this haspital) attended the deceased frame	PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
	saw the deceased alive an Mala 4-19/2/, and that 220 SIGNATURE 220 PHASICIANS Bruce Brumbaugh, M. D.	death accurred of A.M., from the causes and of M.D. ATTENDING MED. DIRECTOR	3/2-5/G
	23d BURIAL, CREMATION, 23b DATE THEREOF BURIAL 3/29/61 New Cath	- 3 - 3 O - Do 2 / 4 - 1	Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE HOWARD H. Hubbard 4107 Wilkens	ATTONITA	R'S SIGNATURE

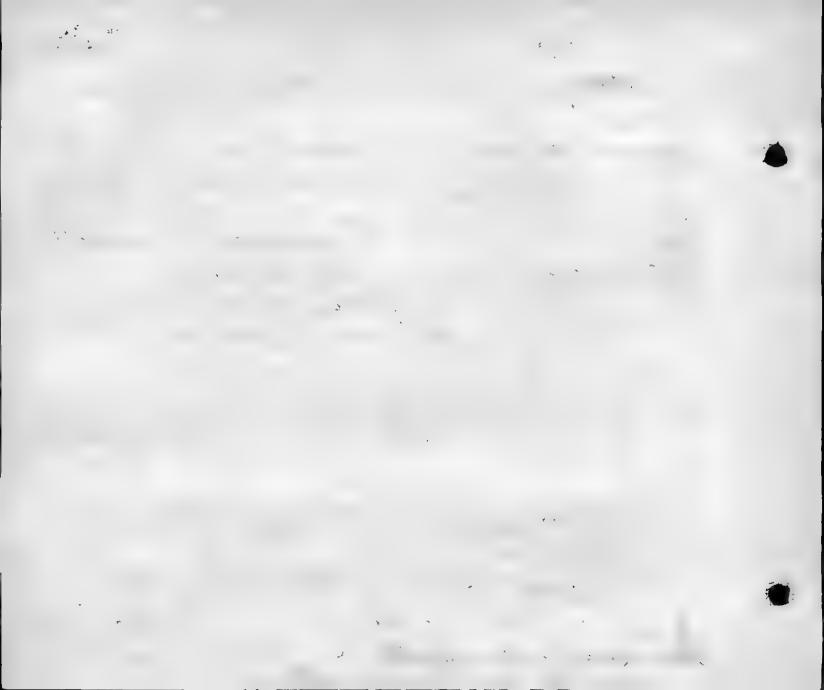
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be pined by the haspital or attending physician.

TO FUNE C. DIRECTOR: After this certificate has been signed by the attending physician and completely fille the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



1		MARYLAND STATE DEPARTMENT OF HEALTH	
b		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	02714
funeral should		I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If instress of the country of the c	Julion: Residence before admission
hours nd 2 and 2 and 2 and 2 and 2	7	b. Write RURAL and give nearest lown) MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RU	12222 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
in 24 d in by es 1 au	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	I s. IS RESIDENCE
with Fills Pag		Folleigh Conv. Home- 5431 Price Ave	YES NO
mple papers in 72 h		3. Name OF First Middle Lest 4. Date Month OF DEGRATH Mack	Dey Year 19 6/
and con carbon I	F		
icate l	7	Temale White WIDOWED DIVORCED May 32 /90 59 yrs. 10a. JSUAL OCCUPATION (Giva kind of work down 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) done during most of working l.fe, aven if retired)	12. CITIZEN OF WHAT COUNTRY
certifi ohysic remo any e	-	House a wite 13. FATHER'S NAME.	WSA.
death ding p please		not know not known	,
the atten Then val, a		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Ifyes give were orderes of service)	Anna
ss thai Lian. by the rmit.		PART I, DEATH WAS CAUSED BY: BRAIN TUMOR (9/108LASTOMA)	INTERVAL BETWEEN ONSET AND DEATH
physic physic gned ssit pe ion, o		PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO BRAIN 14mor (4110BLASTOMA)	4 mos
law nding een si ial-fra cremat		Conditions, If eny, which (b) gave rise to immediate cause	
f: The practical part of the purifical part		(a), stelling the underlying DUE TO (c)	
CIAN pital ifficate ifficate r to b		PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	PERFORMED?
HYS) ne hos is cert for us h prio		20e. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of II of Part II of II of Part II of Part II of I	
NG P		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or fown)	(County) (State)
ENDI stained DR: A DR: A de deta e deta ept. of		p.m. 19 at work at work	4., 196.1., that (I) (we) la
ATT Be re build b		saw the deceased alive on MARCH 7 1961, and that death occurred at 745M, from the causes and	d on the date stated above
4 may 4 may 5 shother 13 shother 16 Stripe		220. SIGNATURE ET AND KOR M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/14/6/SIGNE
PRAIL Nith		22c. PHYSICIAN'S NAME (Type) LEONARD ROTZ MD 22d/ADDRESS Reintentorna Rd	Brech is Ind.
HO Bath FUX irector	2	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City flown of CEMETERY OR CREMATORY)	of Man
2 2 2 4 VR A15 (4)	To the state of th		TRAR'S SIGNATURE
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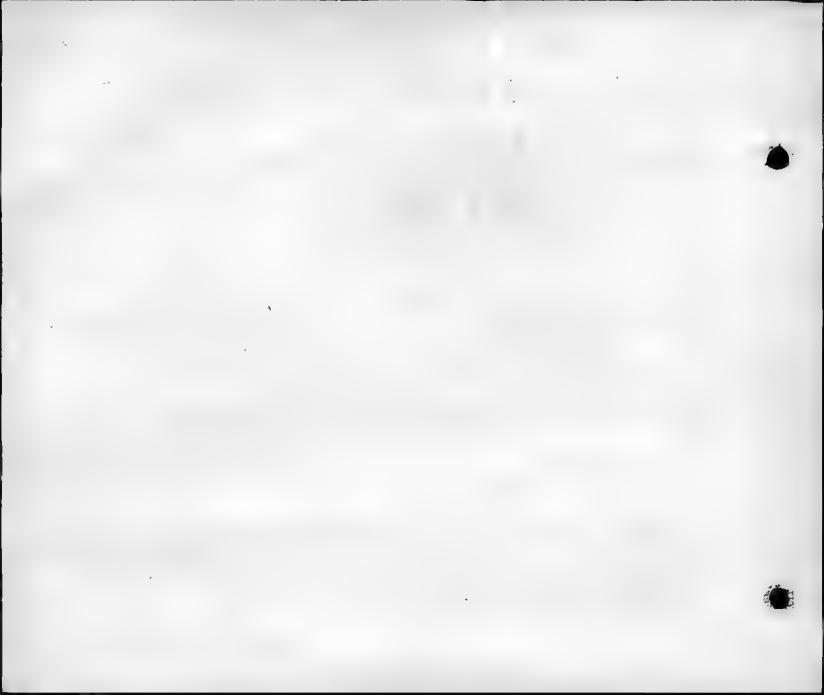
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requires that

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before admission) a. COLINTY MARYLAND the d 2 c CITY OR TOWN (If outs de corporate | mits, write RURAL and give nearest town) b. CITY OR TOWN (if outs de corporata limits, LENGTH OF STAY IN 16 write RURAL and give neerest town) E CATONSVIL 5 d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? YES NO paper DECEASED complet GIBBONS DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH withi JE JNDER 24 HRS. tarbon 9. AGE (In yaors | IF UNDER T YEAR last, buthday) and WIDOWED [10a. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove TOB. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) INSURANCE ACENT 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ding GIBBONS MANDE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (liyesgivawarordatesoisarvica) RECORDS: SPRING CROVE PROTE HOSP. UNKNEWN 18. CAUSE OF DEATH (Enlar only one couse per line for (e), (b,, and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if env. which' (b) gave rise to immediate cause DUE TO (a), staling the underlying the his PART 11, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? as NO X 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Part II of Itam 18) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., etc.) While Not While Hour a.m. at work at work 21. 1 certify that (I) (this hospital) attended the deceased from harek 1946 to Warch 17 1961, that (1) (we) last Microh 17 19.6.1., and that death occured at 1.7.M, from the causes and on the date stated above. saw the deceased alive on 22b, DATE 226 SIGNATURE ATTENDING STAFF SIGNED BIR PHYS. DIRECTOR PHYS. director, page FUNERAL 22d. ADDRESS 226. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (Stelle) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Emmanuel Cemetery 0 Somerset 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE C. VR A15 (4) MAR 21 '61 arthur S. Three hopping and KYFKYe'y 15M 9/60



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY **b** COUNTY MARYLAND ofter death. uneral b. CITY OR TÓWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 1. L. L. L. G d NAME OF HOSPITAL (If not in hospitaly give street address) d STREET ADDRESS OR INSTITUTION NAME OF First Middle 4. DATE DECEASED OF (Type or print) SEX 6. COLOR OR RACE AGE (In years lost/birthdoy) 7. MARRIED NEVER MARRIED 8 DATE OF RIPTH IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED DIVORCED [10o. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? TA. SOCIAL SECURITY NO. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS ALTOPSY 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certifical OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, factory, street, office bldg., etc.) Hour a.m. While Not while at work at wack p. m. 21. I certify that I attended the deceased from former ...that I last saw the deceased alive on / and that beath occurred at 1232 AM, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURI prior D PHYSICIAN'S NAME (Type) ragistror FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 01 23/FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e IS RESIDENCE

ON A FARM? YES NO B

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(County)



1	\ {\psi}	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2	6	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 12719
should		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
4 /		DANTIMORE MARTIANO VIU: BALTIMORE
Pog		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX
rector	Tour Marie Transition	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 207 Margaret Avenue Zone 21 207 MARGARET AVE, #21, YES NO M
yor		3. NAME OF DECEASED (Type or print) LILIAN Middle PRAYSON DEATH 7 25 196/
e fo	ń	5. SEX 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO 8. DATE OF RIETH 19. AGE IID 1900S. IF UNDER LYFAR IF UNDER 24 HRS
ined in	E	FEMALE WHITE WIDOWED DIVORCED DEC. 24, 1894 66 yrs. Months Days Haurs Min.
ار دور نام	\$ N	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
9 9		RETIRED HOUSE WORK BALTIMORE, MD. V.S.A.
T V		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
e S	T	JOSEPH S. HOLSTON EMILY . 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
Sive Pag		(15. MAS DECEASED EVER IN U. S. ARMED PORCEST 16. SOCIAL SECURITY NO. 17. REFORMANT (16. NO. or unknown) If yes, give wor or dotes of service) 2/5-/6-5450 BERTHAE, COOK 33 CG MUELLER ST. BALTO, 24, MD.
_ ¥		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN ONSE AND DEATH
E E	<u> </u>	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concurry (cc/ie/10)
- E		O , DUE TO
		Conditions, if any, which approximately governise to immediate cause
penc		(o), stating the underlying DUE TO
E 9 !	6	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
E O		PERFORMED? YES NO
miner		20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) CAUSE OF DEATH.
e word		20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 at work of w
ed in	ψ D	2 p.m. 17 di work 1 work 1
ef N		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection inquiry, and find the death resulted from: Notice, Accident, Suicide, Homicide, Undetermined cause
30,		decin resolved from the following in Accident in Solicide in Admirate in Children in the Colore in t
tificol to the		SIGNATURE PUBLICATION M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	maval	EXAMINER'S JACK C. COLLINS ASSISTANT MEDICAL EXAMINER 3. 26.6/
forw	5	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) BURIAL 3-29-61. OAK LAWN CEM. 7225 EASTERN BLUD, BITCH.
A15M		23. FUNERAL DIRECTOR'S SIGNATURE 9015. CO NORESSING 5.7. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Children S. College BALTO, 24, MD. DATE MAR 27'61 Children S. Thank
M 9/5		Tanadaran Miland

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exe-

VS.

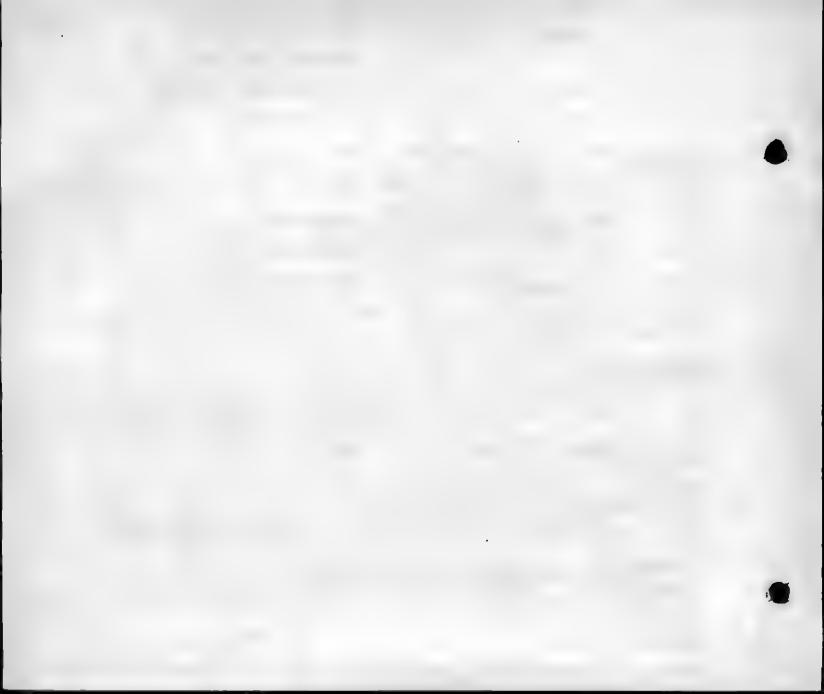
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	d. NA	ME OF HOSE	TAL OR	INSTATUTE	ON (If not	in hospita	l, give streat	address)		T ADDRESS					ON A FARM
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Í	done duri	Labo		a, evan if		Const	truction	on		Maryla	nd			U.S.	A.
Ĩ	3. FATH	ER S NAME	***		· —				14. MOTHER	'S MAIDEN N		-	. '		
					eph G				Gre	ce Eli	zabet	h Hig	28		
	Yes, no.	DECEASED E	VER IN U.	S. ARMED	FORCES?	1 16. SO	CIAL SECURI	TY NO. 17.	INFORMANT			Ād	dress	_	
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2740MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY 13 A UT IN 1876 MARYLAND b. CITY OR TOWN III outside corporale timile, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) U100 461 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? COW SENCE YES NO TO NAME OF Middle Yeor DECEASED (Type or print) 19 6 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE IIn years IF UNDER TYPAR IF UNDER 24 HRS. Months WIDOWED 3 DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME THOY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN 7575 6 MEREINE 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY **DUE TO** Conditions, if any, which] gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY 0.5 PERFORMED? NO DA 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUPRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Not while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection L to the Chief I death resulted from: Natural causes Accident , Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forward to NAME (Type) DEPUTY MEDICAL EXAMINER IT 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur S. Kraus FUILERAL HONE DULDALK DATE MAR 9 5M 9/55

O DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if Institution: Residence before admission) PLACE OF DEATH I director. Page or your files. e. COUNTY COUNTY Baltimore MARYLAND Baltimore Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) ö for your Dundal k Dundalk d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? 683 S. Avondale Street YES NO S. Avondale Street DATE 3. NAME OF Middle OF DECEASED er death. If a (Type or print) DEATH 1961 March WIT.FORD 9. AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BRTH last b rthday) Months Hours I Min. Deys Mal e DIVORCED [ge 5 12. CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (State or fore gn country) done during most of working life, even if retired) SERVICE MAN 13. FATHER'S NAME pages I within P.W.3. I SUNIUS GRIFFIN LIS, WAS DECEASED EVER IN U.S. WAS DECEASED EVER IN U.S Address (Yes, no. or unkown) ((if yes give war or dates of service) Mrs Shirley Griffin 6835 Avondale St Office along w burial-transit pr 18. CAUSE OF DEATH [finier only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Hemopericardium ruptured aorta due to idiopathic medianecrosis of Office aorta Conditions, if env, which gava rise lo immediate cause 40 DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? YES T NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury 'n Pert I or Pert II of tem 18.) 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Mariting to Chief A Pag≡ 3 ≡ to busia 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work el work 유교 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion 0 Suicide I Undetermined manner Natural causes Accident Homicide death resulted from-CHIEF MEDICAL EXAMINER TH ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL 3/6/61 DEPUTY MEDICAL EXAMINER Russell S. Fisher, M.D. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. 8UR AL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 940 g Burial FUNERAL DIRECTOR VS. A15ME DATEMAR 61 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



ON STREET, BALTIMORE 1, MARYLAND 1m G28 pluods 461 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND 하는 다른 b. CITY OR TOWN (if outside corporate limits, and C. LENGTH OF STAY 1: 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) davs a. IS RESIDENCE ON A FARM? YES NO F 3. NAME OF DECEASED comple DEATH 19 60/ (Typa or print) IF UNDER 24 HRS. 9. AGE (In years | IF JNDER 1 YEAR | MARRIED NEVER MARRIED last birthday) pue Months Hours WIDOWED Z DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? physician 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratired) U.5. a ALESMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please altending pue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 1 16. SOCIAL SECUR TY NO. noval, (Yas, no, or unkown) | (Ifyas giva war or datas of sarvice) SON the INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN **DUE TO** Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the undarlying certificate I PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (Stata) 2Dc. TIME OF INJURY (County) Month, Day, Yaar fectory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work p.m. 19 6 /, to MAR, 1 / 19.6 /, that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from MAR:15-..... 19.6.1., and that death occurred at 6.20M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 6/ SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRES 22c. PHYSICIAN S NAME [Type] 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) ğ d 0 SURIAL 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if Institution: Residence before edmission) a. COUNTY **b.** COUNTY T the T Baltimore
b. CITY OR TOWN (if outside corporete limits, write RURAL and give necess town) MARYLAND Maryland CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pue E LENGTH OF STAY N 16 Fort Howard 20 days d. STREET ADDRESS Pages pe . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Veterans Administration Hospital 1100 E. Hoffman Street YES NO X 3. NAME OF 4. DATE paper n 72 DECEASED OF сошр (Type or print) DEATH HUGO GRUHN March 12 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) | Months Hours Male White WIDOWED [10a. USJAL OCCUPATION (G ve kind of work , 12. CITIZEN OF WHAT COUNTRY? гещоув 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) done during most of working life, even if retired) Bakery Baltimore, Maryland
14. MOTHER'S MAIDEN NAME phy Warehouseman U.S.A. 13. FATHER'S NAME Frederick Gruhn Whilamenia Winkleman 15. WAS DECEASED EVER N U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Clinical Records, VA Hospital (Yes, no, or unkown) (Ifyes give were rdetes of service) 3900 Loch Raven Blvd. Balto 18, Md. FORT HOWARD ONSET AND DEATH Yes WW-1 220-01-4385

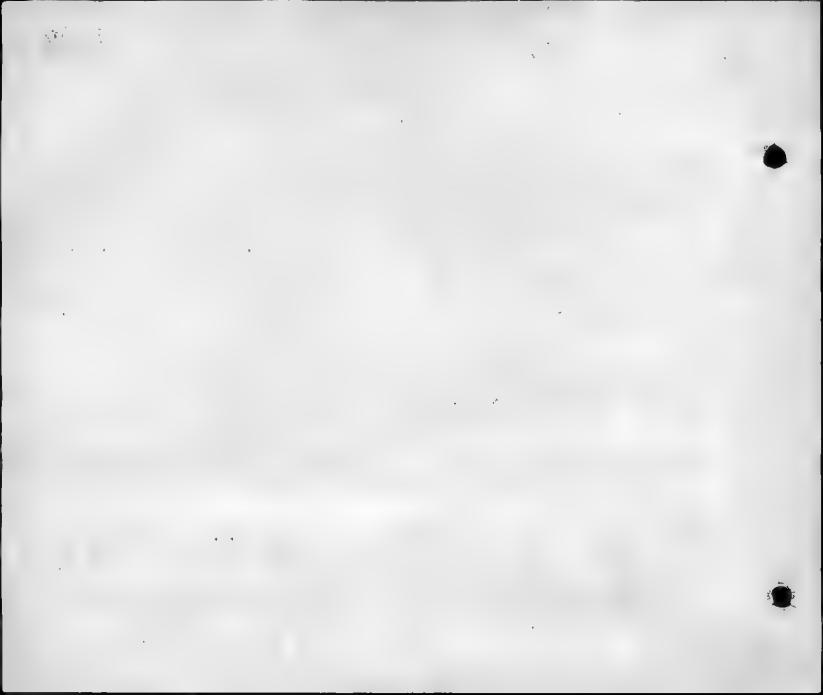
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b., end (c).] PART I, DEATH WAS CAUSED BY: been signed I physic BRONCHOPNEUMONIA WITH BRONCHOPLEURAL FISTULA. RT. 25 days IMMEDIATE CAUSE (a) PHATE EMPYEMA, RIGHT PLEURAL SPACE 20 Days geve rise to Immediate cause Due to (a) Dist. Hours (a), stating the underlying HYPERTROPHY AND DILATATION OF Unknown PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN N PART I(e) PERFORMED? NO [prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter netuce of injury in Part) or Pert II of Item 18.) etached 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work et work DIRECTOR 21. I certify that 10 (this hospital) attended the deceased from Feb. 20. ... 1961. that N (we) lest to Mar. 22b. DATE 22n. SIGNATURE SIGNED ATTENDING 3/12/61 DIRECTOR PHYS. 22c. PHYSICIAN S 22d. ADDRESS VAH. 3900 Loch Raven Blvd. NAME (Type TALBERT, M.D. Baltamore 18, Maryland-FORT HOWARD DIVISION O FUI director, be filed 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY 23s. BURIAL, CREMATION, 23b. REMOVAL (Specify) Baltimore National Cemetery Bal Burial 24 FUNERAL DIRECTOR'S SIGNATURE 6009 Harford Road VR A15 (4) Costling S. House DATMAR 1 5 '61 15M 9/60 Wm. Cook-Blight. Inc. Baltimore, Md.

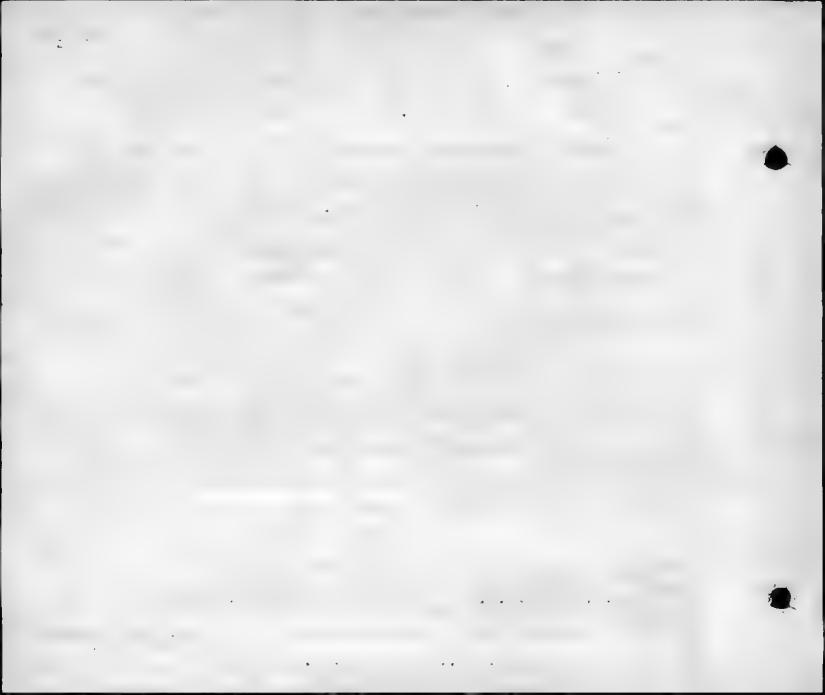
MARYLAND STATE DEPARTMENT OF HEALTH



W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if 'nstitution; Residence before edmission) e. COUNTY Washington Baltimore the d MARYLAND c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerast town) b. CITY OR TOWN (if outs de corporete l'mits, LENGTH OF STAY IN 16 write RURAL and give nearest town! Hagerstown Owings Mills 6 mos. . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), a ve street address, d. STREET ADDRESS ON A FARM? YES NO Y Rosewood State Training School 722 West Washington Street MAME OF Middle OF DECEASED (Typa or print) DEATH 19 Guessford Randy Lwnn 9. AGE (In years IF JNDER I YEAR) IF JNDER 24 HRS. 5. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) and Months Days DIVORCED [MIDOWED 12. CITIZEN OF WHAT COUNTRY? physician 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP. ACE (County & Stete or foreign country) 10a. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S.A. Washington Co., Maryland dependent none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending | Then please Ester Rochell Hawkins Robert Lee Guessford 15. WAS DECEASED EVER IN J.S. ARMED FORCES? + 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unkown] | (Ifyasgivawarordetesofsarvice) oval Rosewood Records, Owings Mills, Md. 0 INTERVAL BETWEEN 18. CAUSE OF DEATH lenter only one ceuse per fine for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) gave rise to immediate cause DUE_FO (m), sletting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(0)] 19. WAS AUTOPSY NO 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of in ury in Pert 1 or Pert II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! (Stete) 20d. INJURY OCCURRED 2De PLACE OF INJURY (Home, ferm, 2Df. (City or lown) (County) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) Not While While el work et work 22e. SIGNATAIRE DIRECTOR PHYS. PHYS. 22d. ADDRESS (Stata) 23c. NAME OF CEMETERY OF CREMATORY BURIAL CREMATION. 256. REC'D BY REGISTRAR \$256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — RALTIMORE 1 MAS

	274	6	CERTIF	ICA	TE OF DEAT	H	MARICAND	1	127	27	
ì i	LACE OF DEATH COUNTY Baltimor	е	MARYI	AND	2 USUAL RESIDENCE o. STATE		ed lived If instituti b. COUNTY		ore admis	ssion)	
I	CITY OR TOWN (If outside corpore RURAL and give nearest town) Bainesville	ate limits, write	c. LENGTH OF STAY	N 16	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	I. NAME OF HOSPITAL (If not in hos OR INSTITUTION	pital, give street Joppa I	address)		Bainesville d. street address 1805 E. Joppa Road * Is residence on a FARM? YES NO NO NO NO NO NO NO N						
i	NAME OF DECEASED	First	Middle		Last	4. DATE OF DEATH	Mon		loy	Yeor	
S. 9	EX 6. COLOR OR	RACE 7- MARI	Bernard RIED NEVER MARRIE		Hamson 8 DATE OF BIRTH		9. AGE (In years lost birthday)	Manths Days	R IF UND	· · · · · · · · · · · · · · · · · · ·	
10a	Male White USUAL OCCUPATION (Give kind of during most of working life, even if	work dane 10b.	<u></u>		Dec. 30, 18 STRY 11. BIRTHPLACE (SH		82 yrs	12 CITIZEN C	F WHAT	COUNTRY?	
13.			for Mill	Co,	Mar 14. MOTHER'S MAIDE	yland N NAME		U.	S, J	A.	
1S	John Hil WAS DECEASEDEVER IN U. S. ARMI		SOCIAL SECURITY NO.	17 IN	Bar	bara Lo	uise Ster		ทรงว่า	lle, Md,	
Ye	no, or unknown) [f yes, give war or the state of the stat	lates of tervice)	13-09-6171A		. Norman T.	Hamsor	2211 Ple	esant Vi	ew A		
	Canditions, if ony, which a	D BY. USE (o) OUE TO (b) (c)	Gene	ea Te	alial o	h fa	Corono	m	24	DEATH ,	
CATION	PART II OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	/EN IN PART 1(o)	19 WAS PERF	ORMED?	
L CERTIFI	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF I	DEATH	CRIBE HOW INJURY OF	CCURRE	D. (Enter noture of injury	in Port I or Po	rt II of item 18)			,	
MEDICAL	20c. TIME OF INJURY Manth, Da Hour a. m. p. m.	y, Year 20d l While of wor	Nat while		ACE OF INJURY (Home, fictory, street, affice bldg.,		ly or town)	(County		(Stote)	
	21. I certify that (I) (th is he saw the deceased alive an	· · · —			leath accurred at Z	19, to.		6, 1961, t			
	22c PHYSICIAN'S NAME (Type) Joseph	eph	F. hifn ira M. D.	10	M D. ATTENDING PHYS 22d. ADDRESS	MED DIRECTOR C	STAFF	were B	3/	25. DATE SIGNED CAOLY	
23q	BUR AL, CREMATION, 236 DATE REMOVAL (Specify)		23c NAME OF CEME	TERY O	R CREMATORY	23d LOCA	ATION (City, fown,	or county)	(Sto	ote) Ma	
24	Burial 3/9/	1961	Good Shey	pher	d Cemetery	EC'D BY REGIS	STRAR 2Sb REGI	ity, M. strar's signati	URÉ		
-"(TA 2 6672 11-111	spal- H	Cato	nsvi	ille, Md DATE	MAR 8	'61	Circling S. 1	Kinea		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be need by the haspital ar attending physician.

TO FUNER CORECTOR: After this certificate has been signed by the attending physician and campletely filled the filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

H

VR A1S [4] 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MAR CERTIFICATE OF DEATH funeral 2747 1. PLACE OF DEATH USUAL RESIDENCE (Where decesed lived, If institution: Residence before admission) e. COUNTY Baltimore b. COUNTY Mary land 4 to MARYLAND and b. CITY OR TOWN (if outside comprete limits C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville Bel Air. Mary land d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Box 313 - Route 3. NAME OF Firet Middle 4. DATE THE RESERVE DE LO (Type or print) DEATH John Handy, Sr. 1 within Martin Mar. 4 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 5. SEX last birthdey) male white WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work - Nysician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) North Corolina farmer Tenant Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and William Handy Melissa Margaret Reeves 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [(Ifyesgivewerordetesofservice) 212-32 Records: STATE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: C. V. A. (Cerebral Hemorrhage) IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic Aortic Valvular otenosis Conditions, if eny, which geva rise to immediate causa DUE TO (e), stelling the underlying Arteriosclerotic Cardiovascular Disease After this certificate detached for use as the 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW (NJURY OCCURED, (Enter nature of injury in Part I or Part I, of Item 18.) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fectory, street, office bldg., etc.) While Not While al work et work DIRECTOR: 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ARTZAGA 230. BURIAL, CREMATION, 1 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

Harford

Months

(County)

IS RESIDENCE

ON A FARM? YES NO

IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO X

(Steta)

22b. DATE

(State)

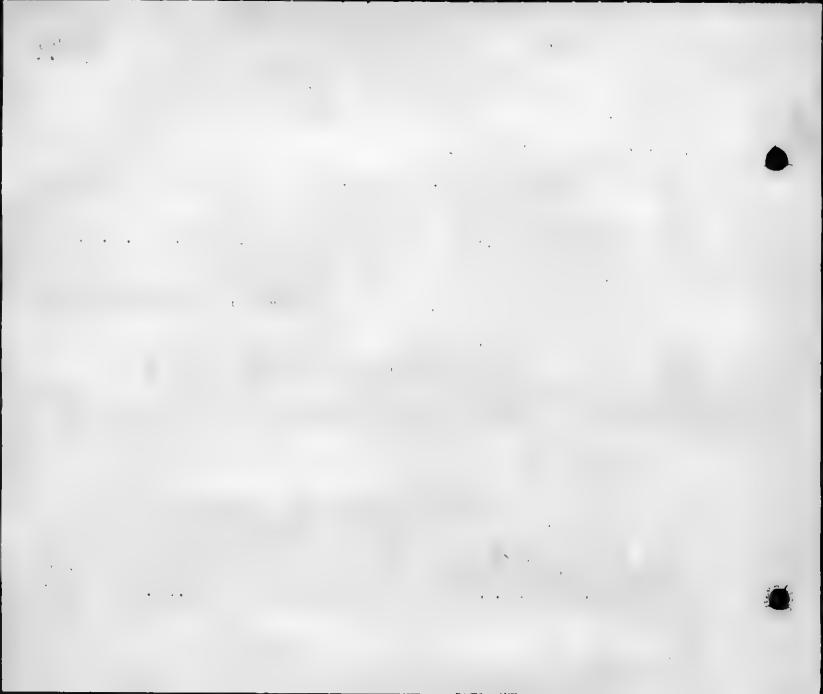
HOSPLTAL

SIGNE 1961

U. S. A.

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(6) 19, WAS AUTOPSY Chronic Brain Syndrome associated with Cerebral Arterioclerosis 21. I certify that (I) (this hospital) attended the deceased from Feb. 24. ..., 1961, to 3-4. ..., 1961, that (I) (we) last GROVE STATE Catonsville 28, nd, 23d. LOCATION (City, town or county) 0 Mar.8,1961 Burial Mt. Zion 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60





Fithin 24 hours after TO HOWEVEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executive—tithin 24 hour death to 4 may be retained by the hospital entending physician and complete the certificate has been signed by the attending physician and complete hilled in by the TO FUNERAL HIRECTOR: After this certificate has been signed by the attending physician and complete hilled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 to be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

١	2749 CERTIFICATE OF DEATH
1	i. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a. COUNTY
ı	Baltimore Maryland Marvland b. county
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town)
	Fort Howard 3 Days Baltimore
2	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
,	Veterans Administration Hospital 4228 Belmar Avenue (6)
	3. NAME OF First Middle Last 4. DATE Month Day Year DECRASED OF
	(Type or print) HAROLD A. HARRISON DEATH March 23 19 61
ľ	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS.
١	Male White WIDOWED DIVORCED September 24,1893 67 yrs.
l	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) 10b. KIND OF 8U5 NESS OR INDUSTRY 11 BIRTHPLACE (County & Stele, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
1	Construction Houses - Boats Tilghman, Maryland U. S. A.
ľ	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	Isaac A. Harrison Sarah E. Lovery
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) filtyesgivewerpridatesofservice) (Clinical Records, VAH, Baltimore 18. Maryland
	Yes WW I 218-09-0006 Clinical Records, VAH, Baltimore 18, Maryland Fort Howard Division
	1 18. CAUSE OF DEATH (Fater only one reuse per line for (e), (b) and (c).)
	PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (*) BRONCHOPNEUMONIA RECENT
ı	153 DUE TO
1	Conditions, if any, which (b) RECURRENT ADENOCARCINOMA, COLON UNKNOWN
4	geve rise to immediate causa
	(a), stating the underlying cause last. FECAL FISTULA, Due to (b)
	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER
H	EMACIATION Duration Unknown - Due to Recurrent Adenocarcinoma (b) YES X NO .
	20e. ACCIDENT WAS JINDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Pert I or Pert II of Itam 18.)
-	OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CO
1	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) [Stata] Hour a m. While Not While factory, street, office bldg., etc.)
I	Hour a m. While Not While tectory, street, office blags, erc.)
	21. I certify that (6) (this hospital) attended the deceased from March 20, 1561, to March 23, 1961 that (1) (we) last
	saw the deceased alive on March 23 19.61, and that death occurred at
	226. DATE
	rahau M.D. PHYS. DIRECTOR PHYS. 3/23/61
	22c. PRYSIC AN'S
	THOMAS F. CRAHAN, M.D. VAH, BALTIMORE 18, MD., FORT HOWARD DIVISION
	23. BURIAL, CREMATION, 235 DATE THEREOF 23. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial March 25, 1961 Tilghman's Meth. Church Cem. Tilchman's Island, Talbot Co. Md.
	Burial March 25, 1901 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A
e de la	TA TOURING MICE. ON C. S. C.
	Lassahn Funeral Home, 7401 Belair Rd. Balto., Md. DATHAR 27'61 Cultur & Home



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2750

02731

		AU 3 7.7 U		Halethorpe d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?								
)	PLACE OF DEATH Balti	Lmore Co.	MARYLAN		a. STATE		b COUNTY_			ission)		
	RURAL and give neg	rest town	le c. LENGTH OF STAY IN	1Ь						wn)		
		chorpe	4 yrs.	2		orpe						
	OR INSTITUTION	L (if not in haspital, give str L Flamingo			1101	W] on	ingo Dr		ON	A FARM?		
	3 NAME OF	First	Middle		Lost	4. DATE	Was	th.	Day	Year		
	DECEASED (Type or print)	_	Heckathorn		LOSI	OF DEATH	Marc	_	.O .	1961		
	5. SEX	6 COLOR OR RACE 7. M	ARRIED TO NEVER MARRIED	0 DA	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y				
	Female	White wind	OWED DIVORCED	J	une 19.18	390	70 yrs.	Months Do	ays 🖣 Hou	rs Min.		
	100 USJAL OCCUPATION	N (Give kind of work done) ng life, even if retired)	Ob. KIND OF BUSINESS OR I	NDUSTRY	11, BIRTHPLACE (State	or foreign c	ountry)	12. CITIZE	N OF WHA	TCOUNTRY		
	Hosewii	Ce .			U.S.	A.		U	s.	Α.		
_	13. FATHER'S NAME			14	. MOTHER'S MAIDEN	NAME						
	Amos	James Greg	ory		Celest	e Nur	nelly					
-		IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 INFOR	MANT		Addr	ress				
	No	No		A	mos J. He	cktho	rn					
	PART I DEAT	H [Enter anly one couse per H WAS CAUSED BY:	er line for (a), (b), and (c).]	1 D	us A	Cot	7		INTERVAL	BETWEEN ND DEATH		
	-	IMMEDIATE CAUSE (a) DUE TO		1.40			03/					
	Conditions, if on	which \			- 0							
	gove rise to im	mediote (3			-		
	cause (a), stating the lying couse lost.	lel under-										
	PART II. OTHE	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	LBUT NOT	RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	'EN IN PART 1	PER	AS AUTOPSY		
	200 ACCIDENT WAS	LINDERLYING (7) 206 1	DESCRIBE HOW INJURY OCC	IRRED /Fr	aler noture of injury in	Part Ler Por	t It of item 18.1		163	_ 14@EJ		
		CAUSE OF DEATH		orres (c)								
	ZOc. TIME OF INJURY Hour a.m.			e. PLACE (OF INJURY (Home, form street, affice bldg, etc	n, 20f. (City	or lown)	(Cot	inly)	(Stote)		
	D Hour a.m.		wark diwark	,,,			-		-			
	21 1 certify that	(I) (this hospital) att	ended the deceased fro	am	- Sta 219	60 .ta_	3-10	, 196/	that (I) (eve) last		
	saw the decease	ed alive an tell	196/. and th	at deat	accurred av	M, from	the causes an	d on the c	date stat			
	220 SIGNATURE	ZeerO(F		M D.	ATTENDING MPHYS. D	NED.	STAFF PHYS.			226 DATE SIGNED		
	22c PHYSICIAN'S NAME (Type)	40			22d ADDRESS							
	THATE (Type)	Earl I. Pas	3		4001 Wilkens Ave.							
	23a BURIAL, CREMAT ON	, 23b, DATE THEREOF	23c NAME OF CEMETE	RY OR CR		23d. ¿OCA	TION (City, lown, e	or county)		itole)		
	REMOVAL (Specify)	3/13/61	Loudon 1	Park	cem.	Bal	timore		Md.			
	24, FUNERAL DIRECTOR'S	SIGNATURE	1328 Sulphu	n Cl		D BY REGIST	rrar 25b REGIS	STRAR'S SIGN	ATURE			
	yesiph 1. 1	unbrose			ring Rd. M	AR 13'	61 a	when S. :	traus			
			Balt. 27, 1	/d.								

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be included by the haspital or attending physician.

TO FUNEX.C. DIRECTOR: After this certificate has been signed by the attending physician and completely fill etc.

TO FUNEX.C. DIRECTOR: After this certificate has been signed by the attending physician and completely fill etc.

TO FUNEX.C. DIRECTOR: After this certificate has been signed by the attending physician and completely fill etc.

To Funex.C. DIRECTOR: After this certificate has been signed by the attending physician and completely fill etc.

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To Funex.C. DIRECTOR: After this certificate has been signed by the attending physician and completely fill etc.

To Funex.C. DIRECTOR: After this certificate has been signed by the attending physician and completely fill etc.

To Funex.C. DIRECTOR: After this certificate has been signed by the attending physician and completely fill etc.

To Funex.C. DIRECTOR: After this certificate has been signed by the attending physician attending the attending physician attending the attending t TO FUNES VR A1S (4) 15M 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

A2739

	L. LAISING IN	CERTIFICA	IL OI DE					UN	000		
1. PLACE OF DEATH o. COUNTY			- CTATE	•		d lived If institution	gn: Residence b	efore admis	sian]		
G. CODIVI	Baltimore	10000000	J. SINIE	Maryl	and	B. COUNIT			V		
b. CITY OR TOWN RURAL and give	(If outside carporate limits, s nearest town)	write c. LENGTH OF STAY IN 16		URAL and give	neorest taw	n)					
Catons				altim	01.6						
d name of hosp or institution	House of Pi		d STREET AD			3/11	11-6	ON	SIDENCE A FARM?		
	HOUSE OF TI	Heb	4910 P	almer	AVE.	4 V C	-	YES] NO [
3 NAME OF DECEASED (Type or print)	LENA	HECKLEMAN Middle	Last		4. DATE OF DEATH	Mon _3		Day	Year 19 6/		
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years	IF UNDER 1 Y	FAR IF UND			
Female	777 4.4	DOWED DIVORCED	188	33		last birthday) 78yrs.	Months Da	ys Haurs	Min.		
during most of wo	rking life, even if retired)	10b. KIND OF BUSINESS OR INDE	JSTRY 11 BIRTHPLA	_		ountry)	12. CITIZEN	OF WHAT	COUNTRY		
House	wife	Ноше	12	Rus			1	USA			
13 FATHER'S NAME			14. MOTHER'S /	MAIDEN N.	AME						
	Abe Coh			4	<u>linnie</u>						
1S. WAS DECEASED EV	ER IN U. S. ARMED FORCES		NFORMANT			Add	ress				
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mr	s Lillian	Klei	n	Same					
18 CAUSE OF DE	ATH Enter only one cause	per line for (a), (b), and (c).	***					NTERVAL 8			
PART I DE		10	ONSET AND	DEATH							
44	IMMEDIATE CAUSE (a) Claude die Capitaria										
1 1	DUE TO	1.5 .71 0 7	. 1	١		1					
Canditions, if		kn. Kykirles-ar	villad,	J. 16.	Zend	140 - 16 F	491	137	<u> </u>		
cause (a), stating		V									
lying couse last	(c)										
PART II. O	THER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1	a) 19 WAS PERFO YES	AUTOPSY ORMED?		
20a. ACCIDENT W	AS UNDERLYING 1 20	b. DESCRIBE HOW INJURY OCCURR	ED (Enter nature of	injury in P	art Lar Por	t II of item 18)					
UF EITHER, NOTIF	G LI CAUSE OF DEATH Y MEDICAL EXAMINER)										
	IRY Manth, Day, Year	20d, INJURY OCCURRED 20e. P	LACE OF INJURY (H	lame, form,	20f. (City	or town)	(Cou	ntyl	(State		
20c. TIME OF INJE	10	While Not while fi	octary, street, affice				1000	,,	,		
≥ p. m.	19	at work at work									
21. I certify th	at (I) (this-hospital) a	attended the deceased fram.	D-33	三 12:	52, ta_	làit El	, 19£/	that (I)	(we) las		
saw the dece	ased alive an	-16- 1961, and that	death accurred	at 2342	M. fram	the causes an	d an the d	ate state	d abave		
220 SIGNATURE				, ,,,					26 DATE SIGNE		
· Zula	Tackers To the (Kerent) M.D ATTENDING & MED. STAFF DIRECTOR DIRECT										
22c PHYSICIAN'S	1/	1	22d. ADDRES								
NAME (Type)	1. Parer A. G	allager	1209	Ored.	1.264	Are, is	al1,2	8,013	1		
23a BUR AL, CREMAT		23c NAME OF CEMETERY	OR CREMATORY		23d LOCA	TION (City town,	or county)	(Sto	ote)		
BURTAL (Specif	ⁿ⁾ 3/17/61	Beth Hamedr	osh Hagode	ol	Bal	timore, M	arvlan	d			
24. FUNERAL DIRECTO		ADDRESS			BY REGIS		STRAR'S SIGN.				
	ON A DOOR THE			M	AR 2 0	2 4 4	William S.				

DATE

SOL LEVINSON & BROS INC. 6010 Reisterstown Rd

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be indeed by the haspital or attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove corban pagers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL may be TO FUNER

the funeral director, should be fired with

VR ATS (4) 1SM III/59



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leose	shou		crem	
D DEPUTY MIDICAL EXMINIMER: This certificate should lie eximated within 24 hours ofter death. If any delay is necessary, please exe	cute perificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funey irector. Page 4 should be		D FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation	
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P	Hifico	o the	핊	
~ 	Ė	forw to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you	KAL	DAG!
3		ļ	UNE	Lem
65	5	Po	7	ò

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
275 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist	02	?	3;	}
Reg.	DIST.	L4O'			

4	F. PLACE OF DEATH O. COUNTY		· ·	here deceased fived. If institutions Resident	dence before admission)
L	Baltimore	MARYLAND	o. STATE Md.	b. COUNTY	Balto.
	b. CITY OR TOWN (If outside corporate fimile, write RURAL and give nearest town) Reisterstown	c. LENGTH OF STAY IN 16	Reisterst	outside corporate limits, write RURAL or	nd give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE
	Cherry Hill Lane		Cherry Hi	11 Lane	YES NO
	3. NAME OF DECEASED (Type or print) Emory	Middle A .	Heiges	4. DATE Month Of DEATH March 19	Day Year 1961
	5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UNDE	
1	Male White wwo	WED DIVORCED 🔲 📗	Feb. 14,1883	78 yrs. Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTI	Penna	- , ''	TIZEN OF WHAT COUNTRY?
╮┢	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
1	William Heiges		Mary	E. Arnsberger	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [You, no, or unknown] [If you, give wer or dates of service]	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
	No	160-16-9838 Mi	s. Anna Bohr	er Pigleville, Pe	enna.
Ī	18. CAUSE OF DEATH [Enter only one cause per l	ine for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
1	PART I, DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	Coronary Occlus	ion		unknown
1	/ DUE TO				
1	Conditions, if ony, which (b)	Arterioscleroti	c C-V Diseas	e	2 yrs.
1	gove rise to immediate couse (a), stating the underlying DUE TO				
1	couse lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITION: 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM N	NAL DISEASE CONDITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 🔀
		RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part	I or Port II of item 18.)	7.4
	A Hour a.m.	M. INJURY OCCURRED 200. PLAC	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (Stote)
	21. I certify that I took charge of th		re, held an Autopsy	, Inspection \$, Inqui	iry K, and find that
1	death resulted from: Natural couse		1 6		
1			, violiticide		7.
	ACTUAL SIGNATURE DI DI COMPE	les	_M.D. CHIEF MEDICAL EX	AMINER []	DATE SIGNED
	EXAMINER'S		ASSISTANT MEDICA	L EXAMINER	3-20-61
	NAME (Type) D. D. CRDIES		DEPUTY MEDICAL E	XAMINER 🔀	
1	220. BURIAL, CREMATION, 225. DATE THEREOF REMOVAL (Specify) Durial March 22,63	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or county)	(Stote)
- 2-			-0 - 0 - 1	Arendtsville	Penna.
1	23. FUNERAL DIRECTOR'S SIGNATURE J. F. Eline & Sons Re:	ADDRESS isterstown, Md.		BY REGISTRAR 246. REGISTRAR'S SI	
L	o. r. hime a bons ne.	Lavera down, Tide	DATEMAL	R 21 '61 Caning &	, Times



MAKI	LIAND STATE DEPARTMENT OF HEALT	H.
DIVISION OF STATISTICAL RESEA	ARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
2753	CERTIFICATE OF DEATH	09m9 a

1		- 0002 2/00//2	16634
7	1. PLACE OF DEATH	12. GEVAL RESIDENCE Where decresed livad, If inst	
	P 14:	e. STATE b. COUNTY	-
- 1	b. CITY OR TOWN (if outside corporate limits, [c. LENGTH OF STAY IN 1b]	c. CITY OR TOWN (If outs'de corporate limits, write RI	URAL and give nearest lown
-	write RURAL and give nearest town)	n 1 . 17	•
-	Parkville	Parkville	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e, is residence On a farm?
	2919 (hurch Road	2919 (hurch Road	YES NO X
	3. NAME OF First Middle	Last 4. DATE Month	Day Year
	DECEASED (Type or print) () . /	OF DEATH	- 1 - 50 / -
	Yonanna	iniein3	74 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		UNDER 1 YEAR IF JNDER 24 HRS.
1	temale white WIDOWED DIVORCED 16	-24-1863 97 yrs. "	tonins bays Floors Min.
	Da. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	RY 11. B.RTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	1	United States
	housewife	yermany	onitived oraces
	13. FATHER'S HALE st name	14. MOTHER'S MAIDEN NAME	
	Unknown) Straulau	Katherine (nee-Unkn	own)
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
	(Yes, no, or unkown) (If yes give war or detes of service)	1. M. J. I. M. H. I. I.	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	hrs Madelon Welsh s	I INTERVAL SETWEEN
		la starte de la constitución de	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Circum cleratic 1	reard oureance	107/2_
	DUE TO OI I	The terminal of the second	111 41
	Conditions, fair which ? (b) Receivators of	arthretes	10 90
	geve rise to Imme "ste cause	11	
	(e), stelling 1 rlying DJE 10 Derecteellors	of the areas is	Ex more
	couse lest, (c)	The payment	
	PART II. OTHER'S SHIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
			YES NO
	206. ACCIDENT WAS UNDERLYING] OR CONTRIBUTING () CAUSE OF DEATH 2010. DESCR BE HOW INJURY OCCURED OF LIFE EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of 'njury in Part I or Part it of 'tem 18.)	
	OR CONTRIBUTING () CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)		
-		ACT OF BUILDING	(County) (State)
	0	ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., etc.)	(County) (State)
	Hour a.m. While Not While at work at work		
	21. I certify that (I) (this hospital) attended the deceased from.	March 25 1958 to March 14	, 19.6/ that (I) (we) last
	20. 4	t death occured at 9.24M, from the causes an	d the date stated above
		r death occured at 7.2.20m, from the causes an	22b. DATE
	220. SIGNATURE	ATTENDING MED STAFF	SIGNED
	"	A.D. PHYS. DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	Idywe (tabe)		
	23e. SUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town	or county) (State)
	REMOVAL (Specify)	0 1	MI
	Ourial 3-17-61. Vak Lawn	emetery Baltimore	/// //
0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D 8Y REGISTRAR 256. REGIS	TRAR'S SIGNATURE
	Leonard J. Ruck 5305 Hartord Rd.	DATE MAR 1 7 '61 (2)	Shur & Krous

TO HOW TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after death.

\$\frac{7}{2} \geq \text{death}\$.

\$\frac{7}{2} \geq \text{TO FUNERAL DIRECTOR:}\$ After this certificate has been signed by the attending physician and completed the funeral of the funeral of the standard of the funeral of funeral of the funeral of fu

TO HO, se 4 may be retained by the hospital or attending physician.

TO HO, se 4 may be retained by the hospital or attending physician.

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rithin 24 hours after

Afilled in hy the funeral

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 3/20/61 iwk 2. USUAL RESIDENCE (Whara deceased lived, If institution PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outs de corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give naerest lown) write RURAL and give nearest town) RORT HOWARD IO DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RES DENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 612 W LEE STRING YES NO TO NAMEOF 4. DATE DECEASED OF (Type or print) DEATH JAMES HETTER MARCH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. last birthday) Months | Days MALE DIVORCED X AUGUST 20 100. JSUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or lore an country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PRESS OPERATOR STANDARD STEEL COLUMBIA. SOUTH CAROLINA U.S.A. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME ADAM HISTATION MAGGIE NELLAMS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes give war or dates of service) YES WW-11 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] CLIN REC BALTIMORE MD-FT HOWARD DIVISION INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: RONCHOPNEUMONTA 1 DAY IMMEDIATE CAUSE (a) CEREFRAL VASCULAR THROMBOSTS Conditions, if any, which gava rise to immediate causa DUE TO (a), stating the underlying HYPERTENSIVE CARDIOVASCULAR DISEASE PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO NO LAENNEC'S CIRRHOSTS YES 208. ACCIDENT WAS UNDERLYING LOOK CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of neury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) (Stata) Whila _Not While factory, street, office bldg., etc.) Hour a.m. at work at work 21. I certify that N (this hospital) attended the deceased from ... Feb. . 24, ... 22a SIGNATURE 22b. DATE ATTENDING STAFF 3-6-61GNED PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) WILLIAM S. KISER VAH Baltimore, Md. - Ft Howard Divisien 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY ; 23d. LOCATION (City, fown or county) (Slare) REMOVAL (Specify)

BALTIMORE NATIONAL

BALTIMORE

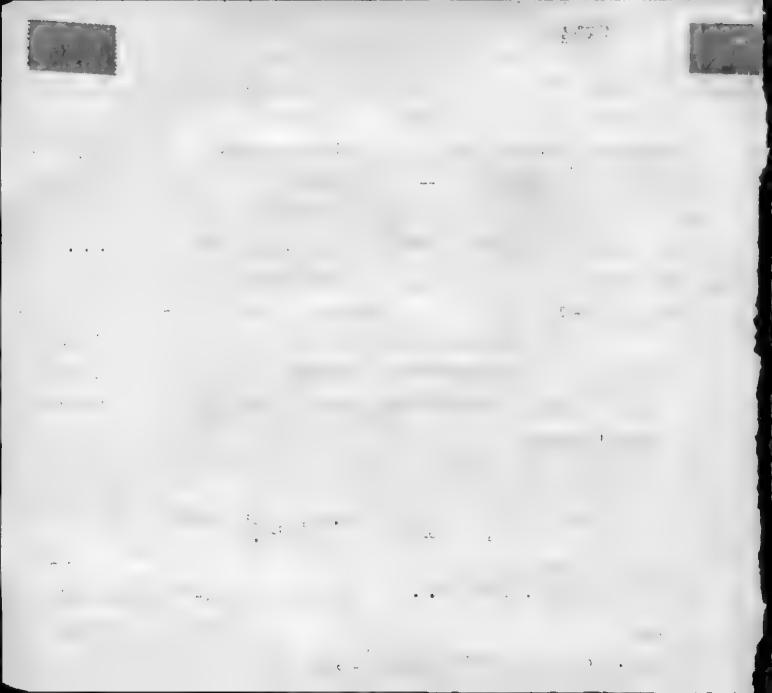
25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE

arthur S. Thous

(4) 60 Burial

24 FUNERAL DIRECTOR'S SIGNATURE

Charles A. Rice Funeral Service Baltimore 30.



TO FUNER page P. VS A1S (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE H.SANDER & SONS, INC. Balto., Md.

Burial

24a, REC'D BY REGISTRAR DAMAR 2 2 '61

Parkwood Cemetery

ADDRESS

Baltimore, Maryland 246 REGISTRAR'S SIGNATURE Cothun S. Thous

Baltimore

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

19. WAS AUTOPSY

(State)

PERFORMED? YES NO

(Stote)

Days

USA

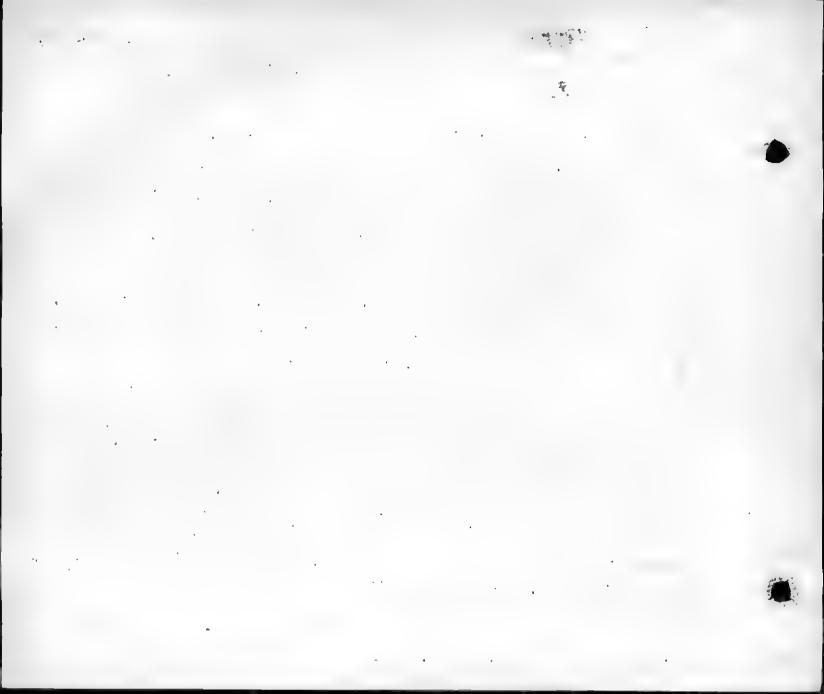
(County)

 IS RESIDENCE ON A FARM?

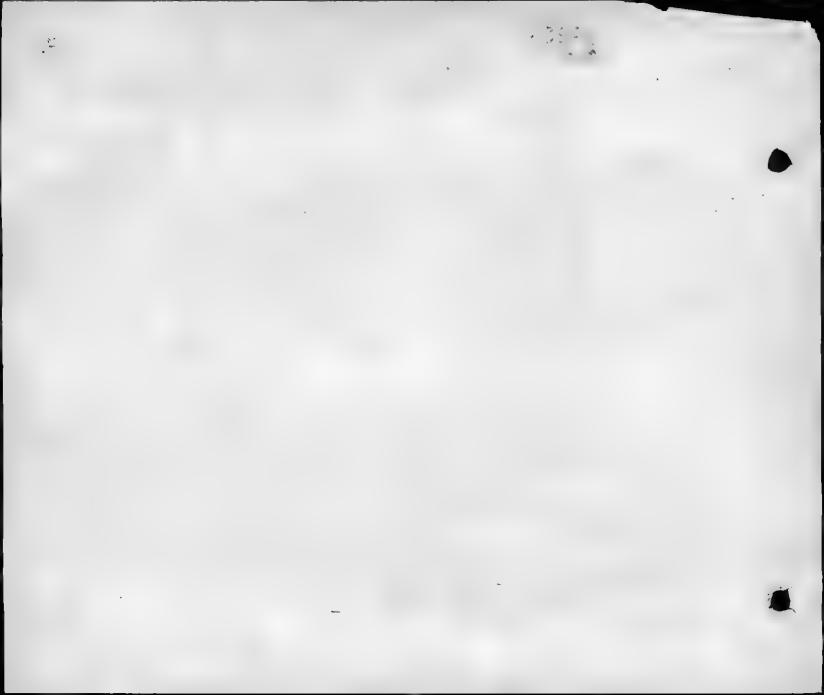
YES NO P

Year

19



STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence CL MARYLAND b. CITY OR TOWN (if outside corporete & LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete mits, write RURAL end a ve neerest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospite in ye ON A FARM? YES NO 3. NAME OF DECEASED OF (Typa or print) DEATH 19 ¢ physician and con e remove carbon 5. SEX UNDER I YEAR IF UNDER 24 HRS. AGE fin veer last birthdey) Months WIDOWED ADe. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ret red] 13. FATHER'S NAME please attending ARMED FORCES? 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to Immediate cause DUE TO (e), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 certificale PERFORMED? NO 208, ACC DENT WAS UNDERLYING JOR CONTRIBUTING CAUSE OF DEATH 20b DESCR BE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert I of Jem 18 ; IIF EITHER, NOTIFY MEDICAL EXAMINER 20d. IN. JRY OCCURRED 2De. PLACE OF .NJJRY (Home, farm, 2Df 1City or town) 20c. TIME OF INJURY Month, Dev. Yeer (County) fectory, street, office bldg., etc.) While Not While el work et work may be retaine DIRECTOR: saw the deceased alive on: 22b. DATE 22e S.GNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 2Sa. REC'D BY VR A15 (4) 15M 9/60



AND STATE DEPARTMENT OF HEALTH Division of STOTIONICAL RESEA AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE ICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission) hal director. Page I for your files. Board of Health, a. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (.f outside corporeta limits. e LENGTH OF STAY IN 16 c. CITY OR TOWN (if autside corporete limits, write RURAL end give neerest town) for your write RURAL and give nearest lown) Catonsville llı davs Baltimore d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? STATE HOSPITAL YES NO I w. University Parkway NAME OF Middle 4. DATE DECEASED in pencil in frem 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be reft purial-transit permit. File pages 1 and 2 with the Soval, and in any event within 72 bodis after de OF (Type or print) DEATH Walter Howard Hollingshead March 19 61 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR . 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. Jast birthday) Months Hours Sept. 23. 1882 WIDOWED T DIVORCED [male 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. saleman Retired Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roger Hollingshead xuntxuorm Eugenia Barton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unknwn) (if yes give wer or dates of service) 21.2-07-5981 Mrs. Ellen k. .shead-Office along with burial-transit permi unknown Records: 18. CAUSE OF DEATH Enter only one cause par I ne for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gava rise to immediate couse DUE TO (a), stating the underlying Examiner cause lest. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19. WAS AUTOPSY PERFORMED? cute the certificate, writing the word to forwarded to the Chief Medical E 2 NO Z plnous 20t. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I of Hern IB.)
X-ray of 3-2-61 revealed comminuted frac. of lateral end of 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c, TIME OF INJURY should be forwarded to the Chi FUNERAL DIRECTOR: Page factory, street, office bldg., etc.) While Not While Hour a.m. Baltimore City DIRECTOR: Pe et work at work to home 19 67 Inspection [16]. 21. I certify that I took charge of the remains described above, held an Autopsy | | Inquiry M. and in my opinion Natural causes W death resulted from. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S corge H. Kieffer, M. D. NAME (Typa) plnods Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) £40 g Burial Baltimore. Karvland JELNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME inthur S. Kraus 5M 7/59

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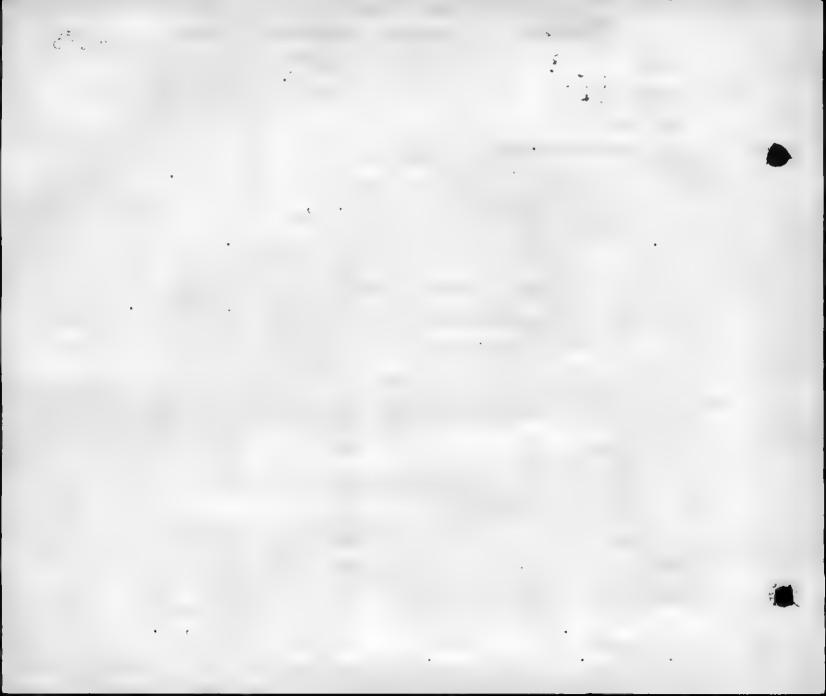
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V\$. A15ME(5) 5M 9/55

		NT OF HEALTH-		18
2758 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	D

Reg. Dist. NO 2739

	I. MACE OF DEATH o. COUNTY Ealtimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest fown) ESCEX	c. CITY OR TOWN (If autide corporale limits, write RURAL and give nearest town) EXECUTION (IF autide corporale limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS a. 15 RESIDENCE ON A FARM?
,	ll Fairway Rd.	11 Fairway Road YES NO
	3. NAME OF First Middle DECEASED (Type or print) Alfred H	HUD'ET A DATE Manth Day Year 1961
		DATE OF BIRTH Dec. 28, 1907 9. AGE (In years) Sept birthday) 15 Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asat. Surveyor	1). BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore, Md.
-		14. MOTHER'S MAIDEN NAME
	Augustus R Hudrat	Florence W Davis
	(Yes, no, or unknown) [[If yes, give wor or date; of service]	Address Luel S Hudnot 329 Taylor Ave. 21
	18 CAUSE OF DEATH [Enter only one couse per limit for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Canditions, If any, which gave rise to immediate couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		eft Chestusty 12 guase Skutgers OF INJURY (Home, farm. 201. (City or town) (County) (Slate)
		y, street, office bldg., etc.)
	21. I certify that I took charge af the remains described above	
	death resulted fram: Natural causes . Accident . Suici	de Hamicide , Undetermined cause .
	ACTUAL SIGNATURE PACIFICACIONE	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S JACK C CILINS	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 3-15-6/
	220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Mar. 18, 1961 Park pod Park pod	REMATORY 22d LOCATION (City, town, or county) (State) Paltimore, Md.
•	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Cook, Inc. 1217 St. Paul St.	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CIRCLES & Kinus



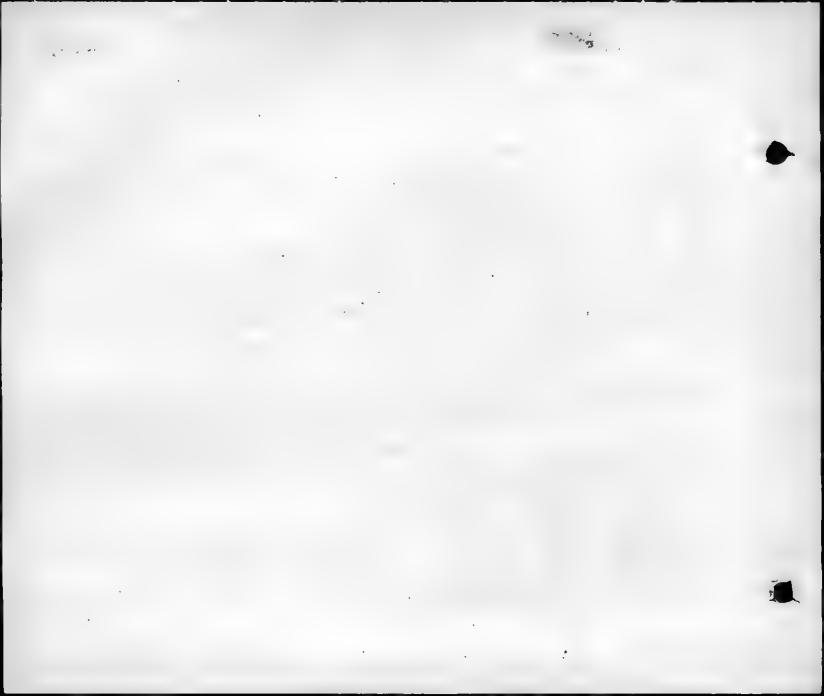
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATLE

31711311911		71110	WEG OVER	- 57-61
CE	RTIFIC.	ATE	OF D	EATH

)	JI a COUNTY -/ CA	USUAL RESIDENCE (Where deceased lived. If institut on Residence before admiss on)
/	Culture MARYLAND	Thurs land Tibecto
	b_CITY OR TOWN (If outside corporale limits, write (RURAL and give neares) lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Derlentrem Rual 70 765 V	Reintenstore (June)
	d, NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	L-	YES NO
	3. NAME OF First 17 Middle	Last 4. DATE 7 , Month Day Year
	(Type or print) L L G E 1) E - H L NOE K 1	MARK DEATH / hilisets 4 196/
	111	ATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS last bighday Months Days Hours Min
	WIDOWED DIVORCED 1/2	164x1-1000 30 m
	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
1	Hurren Clou broneig	Theur Court WOA
j	13 FATHER'S NAME	4 MOTHER'S MAIDEN NAME
	Jaklu Hundletenank	Willetha 100-may
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFO	マークリー ノーマー が ルーケー アート
	1/10 100 ,400	a ob stouder and pertout and
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Oronarin	Occlusion 5 min.
	Li). DUE TO	
	Conditions, if ony, which) (b)	
	gave rise to immediate couse (a), stating the under-	
	lying couse lost. (c)	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO 🔼
	20g ACC.DENT WAS UNDERLYING D 206 DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Part I or Part II of item 18)
	OR CONTRIBUTING CAUSE OF DEATH	
	Tester (OF INJURY (Hame, form, 20f. (City or town) (County) (State), street, office bldg., etc.)
	Hour o. m. While Not while foctory p. m. Novel at work of work	4110
	21. I certify that (I) (this haspital) attended the deceased fram	6-16-54 19 to 3-4 1961, that (1) (we) last
	- / /	th accurred at 8PM, from the causes and on the date stated above.
	220 SIGNATURE	22b DATE
	D. Jales M.O	ATTENDING MED. STAFF SIGNED
	22c PHYSICIAN'S NAME (Type)	22d ADDRESS
İ	D. D. CAPLES, IND.	6 Hanover Kd., Keisterstown, Mrs
	230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR C	REMATORY 23d. LQCATION (City, town, or county) / (Starte)
	18thOVAL (Specify) 3-7-1961 711 1-2-076	· 1810 (20 7/61)
,	24/F JAFERAL DIRECTOR'S SIGNATURE	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
is a	Todall & please Humpslead 11	DATE MAR 9 '61 arilar S. Kraus



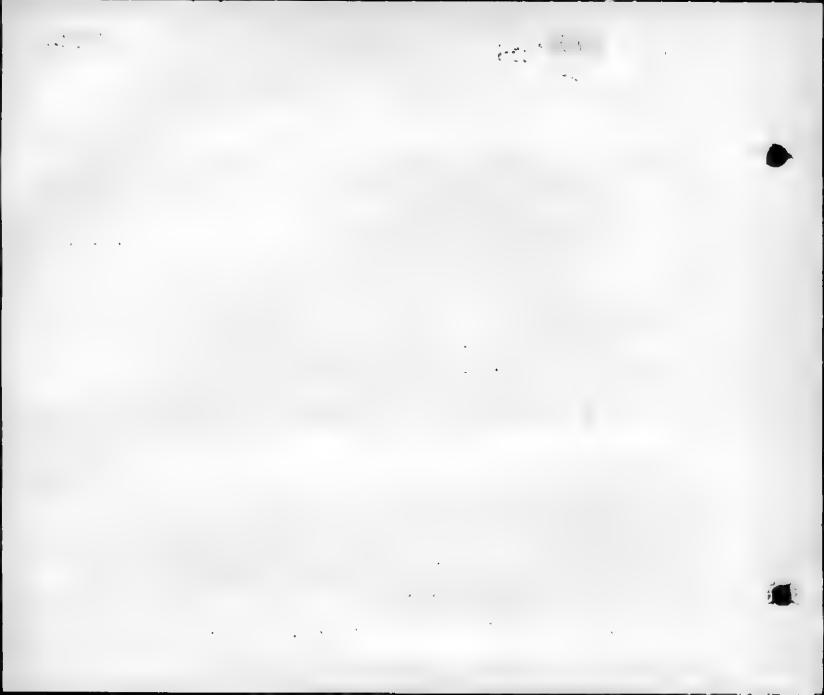
2760

02749

9400				C J -13
1. PLACE OF DEATH o, COUNTY		2, USUAL RESIDENCE (Where	e deceased lived, If instituti b, COUNTY	an- Residence before admission)
Baltimore	MARYLAND	Maryla		V
b CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town)		c CITY OR TOWN (If outs	ide corporate limits, write R	RURAL and give nearest town)
Catonsville	48yr8mthl4dys	Baltimore		
d NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SPRING GRUVE STATE	HOSPITAL	UNKNOW		YES NO
NAME OF First DECEASED (Type or print) Lottie	Middle B	Hyder 4	OF DEATH Man	1 (
S SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
female white w	DOWED DIVORCED	1884?	last b'rthday) yrs	Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work dane	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of warking life, even if retired) COMESTIC		Mary lar	id	U. S. A.
3 FATHER'S NAME		14 MOTHER'S MAIDEN NA	AE	
Unknown		unknown		
S. WAS DECEASED EVER IN U. S. ARMED FORCES		IFORMANT	Add	tress
(If yes, give war or dates of service UNFNOWN		cords: SPRING	CROVE STAI	E HUSPITAL
18 CAUSE OF DEATH [Enter only one cause	per line for (o), (b), and (c)			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Terminal nneumoni:	2		ONSET AND DEATH
* A DUE TO	Tellial phounding	×4		
			diconco	
agre rise to immediate	Arteriosclerotic (caldiovascular	GIBEADO	
couse (a), stating the under-				
lying couse last. (c)				
PART II. OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	(L DISEASE CONDITION GIV	VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDIT	DESCRIBE HOW INJURY OCCURRED	D. (Enler nature of injury in Par	t I or Part II of item 18.)	
Z 20c TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or lown)	(County) (Slote
	AATISTE LACT MILL E	ctory, street, office bldg , etc }		
	of work at work		(= 34)	22 /3
21. I certify that (I) (this haspital) a	ttended the deceased fram	JULY 1 125	Y. to March	22 1901, that (1) (we) las
saw the deceased alive on Marc	h 2 1961, and that c	leath accurred a?	, fram the causes ar	es 199±, that (1) (we) last and an the date stated above 275 DATE SIGNE
220 SIGNATURE	* *	p.		225 DATE SIGNE
· · · · · · · · · · · · · · · · · · ·	100 9 5 2 5 100	M.D PHYS 2 DIRE	CTOR PHYS	3-23-61
22c PHYSICIAN'S NAME (Type) Stella Wa	chsler, M. D.		LING GROVE Sonsville 28.	MATE HOSPITAL Mary land
236 BLDAL CREMATION, 236 DATE THEREOP	23c NAME OF CEMETERY O	R CREMATORY 2	3d, LOCATION (City, town,	or caunty) (State) e
THOVAL (Specify) 3/2	5761 Caple	1100-4	-300 RER	Ledos . n.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D I	BY REGISTRAR 256 REGI	STRAR'S SIGNATURE
VIX-7 along st	oro 13/82	world DATE II	AR 2 7 '61	Cuthur S. Krus
7 VI and ILVIUS VI	7 10 (1)	A VAIL	an h (U) (Children D' Lorenza

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be and by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached far use as the burial-transit perm.1. Then please remove carbon papers. Pages 1 and 2 should be filled within the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 haurs effer death. VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02743

V	1. PLACE OF DEATH				T	2. USUAL RESIDENCE	E (Where de	eceased liv		n: Residence	before admi	ssion)
X	o, county Ba	ltimore		MARYL	AND.	o. STATE	arv lan	d	b. COUNTY			1
4	b CITY OR TOWN (If	outside corporate limi	ts, write	c LENGTH OF STAY	N 16	c CITY OR TOWI	N (If outside	corporote	limits, write R	JRAL and giv	e nearest to	vn)
	RURAL ond give ned Catons vi.	and the same of th		Lyr5mthldv	,	Baltimo	re			31	101	- 1
	d. NAME OF HOSPITA					d. STREET ADDRE	ESS				e. IS RI	SIDENCE A FARM?
_		GROVE STAT	E H	DEPITAL		28 South	Benke	rt A	venue			NO [
	3 NAME OF DECEASED	Fir		Middle		teal	4. D	ATE OF	Mon	th	Day	Yeor
	(Type or print)	Sam		J.		Imbrogul:	io	EATH	Mar		7	19 61
	S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE		. DATE OF BIRTH	189	9 9	AGE (In years light_birthday)	Months D	YEAR IF UNI	E
)	male	white	WIDOWE	D DIVORCED	· 🗆 📗	Dec. 24,	Design of the last		50 yrs		473	Will,
1	10a, USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. I	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLACE	(State or for	eign count	ry)	12 CITIZE	N OF WHAT	COUNTRY
		distribu		fuel oil b	us.	Italy	У			It	alv	-
	13. FATHER'S NAME					14. MOTHER'S MAI	DEN NAME					
	Samuel 1	[mbrogulio				Conce	tti Ma	gio				
	15. WAS DECEASED EVER			SOCIAL SECURITY NO.	17 IN	FORMANT			Addi	'ess		
		J. W.I		15-03-0403	Red	ords: SH	RING_	GROVE	STAT	e HOS	TATTE	
j	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	e for (o), (b), and (c).]							INTERVAL	
	ÇART I. DEAT	H WAS CAUSED BY:	, Ce	erebro-vaso	ula:	caccident					ONSET AN	DEATH
1	67 1.	DUE TO	1									
	Conditions, if on	v. which) "	Ar	teriosclero	tic	cardiovas	cula ro	ii sea	se			
- 1	gove rise to in	mediote (,									
	couse (o), stating t lying couse lost.	ne <u>under-</u>										
	PART II. OTH	,		ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERMINAL	DISEASE C	ONDITION GIV	EN N PART	1(o) 19 WAS	ALTOPSY
	CATI											ORMED?
	PART II. OTH PART II. OTH OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESC	RIBE HOW INJURY OF	CURREC	. (Enter noture of inju	ary in Port 1	or Port II	of item 18.)			
					00 014	CE OF IN IVANIA	. Tan	F 401.				100
	20c. TIME OF INJURY Hour o. m.		or 20d IN While	LEURY OCCURRED Not while	foc	CE OF INJURY (Home ory, street, office bld	g., etc.]	t (City or	lown)	(Co	unty)	(Stote
		19	ot work	of work								
	21 1 certify that	(I) (this haspita	l) attende	ed the deceased	fram	March 16			March '			
		ed alive anMa		19_6], and	that d	eath accurred of	:20 _{M,}	fram the	e causes an	d on the	date state	d abave
	22o. SIGNATURE	7 1	,	2 11 1		ATTENDING	200		07. PP		- 1	226. DATE SIGNEI
		At K C	J 1/2 1	of a key a	1	A.D. PHYS.			STAFF PHYS.		-7-61	
	22c PHYSICIAN'S NAME (Type)	C4	T-T = 1=			22d. ADDRESS		- 4-54			OSPITA	L
		Pretts	wacn	sler, M. D	•		CAtons	ville	e 28, M	d,		
	230 BURIAL, CREMAT OF REMOVAL (Specify)	A, 23b. DATE THERE	OF	23c. NAME OF CEME	TERY OF	. 1 .	,	LOCATIO	N (City, town,	or county)	(S)	ote)
	2548141	3-10-		NEW	CA	Thedry	6.	Bd	1-T 12	CAL		d
	24 FUNERAL DIRECTOR'S	SIGNATURE I	110	ADDRESS	YE.	77	REC'D BY			STRAR'S SIGN	A	
	5	1 D. L. J.		23 24 3	/	DA' DA'	TE MAR 8	3 '61	1 a	thur S.	Though	

may be and by the hospital or attending physician.

Figure 1. Secure of the hospital or attending physician.

Figure 2. Secure of the hospital or attending physician.

Figure 2. Secure 3. Secure 2. Secure 3. Secure 3 TO HOST TO FUNE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
I tems 13 & 14 Film 0282 3/16/61 mh 2762 TO HOSPITAL DR ATTINDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after death
death
TO FUN EXAL DIRECTOR: After this certificate has been signed by the attending physician and completely the fine of the first has been signed by the attending physician and completely the fine of the first has been signed by the attending physician and completely and the fine of the first has as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. PLAC a. CO b. CIT d. NA 黄 3. NAM DECI (Typa 5. SEX male 10a. USL done dur Ret 15. WAS (Yas, no. 18. Con gave (a), caus CERTIFICATION 20a. OR C MEDICAL 20c. 21. saw 22a. 22c. 23a. BJR bur 24 FUNE

MARYLAND STATE DEPARTMENT OF HEALTH

02744

E OP DEATH	USUAL RESIDENCE (Where daceased lived, If Institution, Residence before edmission)
Boltimone MARYLAND	a. STATE fild. b. COUNTY
Y OR TOWN (I outside corporate imits, rite RURAL and give nearest town)	c. CITY OR TOWN (Foulside corporate fimils, write RJRAL and give nearest town)
(arneu	- Carney -
ME OF HOSPIFAL OR INSTITUTION (if not in hospital, g'va streat address)	d STREET ADDRESS O U. IS RESIDENCE ON A FARM?
3040 Fourth Ave.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CASED or print)	OF DEATH 2 10 6 1
Joseph Lawrence Jack	ATE OF BIRTH 9. AGE (IN YORK) IF UNDER 1 YEAR IF UNDER 24 HRS.
. white WIDOWEDXX DIVORCED 5	-2-1896 Hours Min.
JAL OCCUPATION (Give kind of work ing most of working tigs, even if retired)	11. BIRTHPLACE (County & State, or fore gal country) 12. CITIZEN OF WHAT COUNTRY!
<u>Cred Machinist</u>	I. MOTHER'S MAIDEN NAME
Unknown	Unknown
or unknown) I ((fynagivayarordatarofram en)	Lawrence Jackson 3040 4th Ave. (arne
CAUSE OF DEATH [Enter only one cause per line for (a), to, and (c).	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY I COVONO	ry Wrombosis Seidely
420, DUE TO PAR	Adole to Carlos
fillons, if any, which (b)	Bray our Concur
stating the underlying DUE TO Cascular (c)	- disease .
(6)	RELATED TO THE TERMINAL D SEASE CONDITION BIVEN IN PART 1(8) 19. WAS AUTOPSY
emplegical Old Cerebrow	ascular. Thrombosis YES NO X
ACCIDENT WAS JAPERLY NG 20b. DESCRIBE HOW INJURY OCCURED. (E ONTRIBUTING CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER)	internatura of injury in Part Fot Part II of Itam 18 ,
TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE Hour a m. While Not While factory.	OF INJURY (Home, farm, 20f. (City or town, (County) (State), street, office bldg , etc.)
p.m. 19 at work at work	
certify that (I) (this hospital) attended the deceased from	193 8 to 100 196 /, the (1) (we) las
the beceased alive on	eath occured at AM, from the causes and on the date stated above
Frank 1. Pasik IV MD.	ATTENDING MED. STAFF SIGNED
PHYS CIAN'S FRANK TKAS UK	9005 HARFORD Rd.
HAL, CREMATION, 236 DAYE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town or county) (State)
NAL (Spacity) 3/13/61 More/AND	Mem. KK BALTO. Md.
RAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
onard J. Ruck 5305 Hartond Rd.	DAMAR 1 3 '61 Cithur S. Kinus

VR A15 (4) 15M 9/60

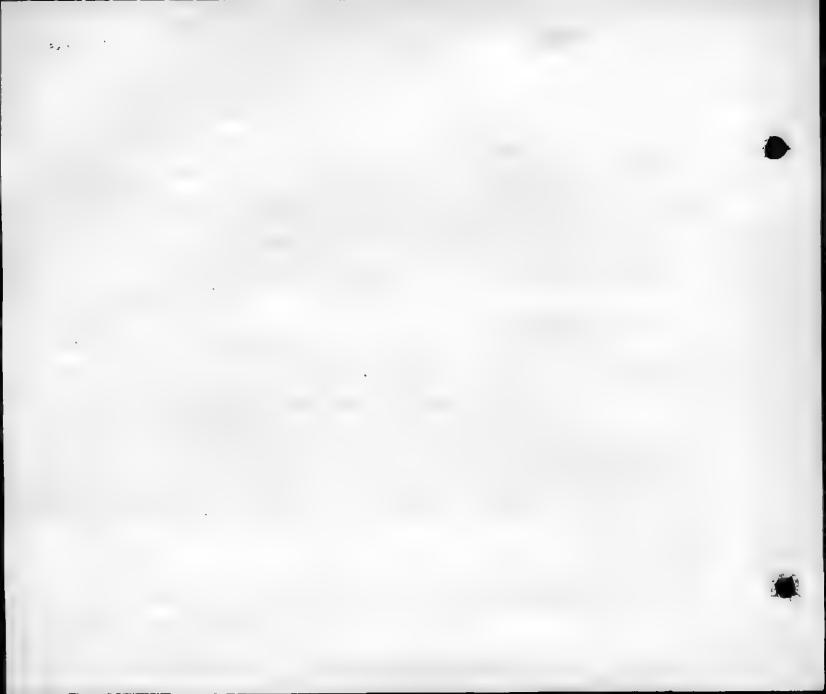
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	PLACE OF DEATH O. COUNTY Bacto	MARYLAND	2 USUAL RESIDENCE (Where decease a. STATE	sed lived If institution, Residence b. COUNTY	before admiss on)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN [If outside corp	porate limits, write RURAL and giv	re nearest town)
	d. NAME OF HOSPITAL (II not in haspital, give street OR INSTITUTION Left Ching)	herve	of STREET ADDRESS HO Left Ther	ig blrive	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED TLORENCE (Type or print) FLORENCE	Middle L	IACOB OF DEAT	H mar. 27	Dgy Yeor 196/
7	koule thate widow		plec. 10-1890	last birthdoy) Manths D	YEAR IF UNDER 24 HRS. Hours Min
L	a. USEAL OCCUPATION (Give kind of wark done during most of working life even if retired)	KIND OF BUSINESS OR INDUS	Penna	country) 12. CITIZE	EN OF WHAT COUNTRY?
	august Genter	/	Sebrinia Tu	elds	
15. (Yi	WAS DECASEDEVER IN U. S. ARMED FORCES? 16. no or unarowe) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17 H	ustand,	Same as ato	, ve_
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	ine far (a), (b), and (c).	neumonic	7_	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	arcinom	atosis		2 ms
	gave rise to immediate cause (a), stating the under-	arunor	na of Br	east	5 yrs
CATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of înjury ın Part I or P	ort II of item 1B)	
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d I Hour o.m. 19 While p.m. 19		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	ity or town) (Co	ionly) (State)
	21 I certify that (I) (this hospital) attends as the deceased alive on March		YUM 1 1961 to leath accurred of 12 M, from		that (I) (we) lost
	220 SICHAMB arms		M.D. ATTENDING MED DIRECTOR	_ STAFF _ 2	29/6, DATE S GNED
	22c PHYSICIÁN S NAME (Type)		Bally 6	md	
23	REMOVAL (Secity) 3-30 196	Balto nat	R CREMATORY 23d LOR	ATION (Cax town, or county)	mal_
12	ENNERAL BIRECTOR'S SIGNATURE	astern She	21 MU DATE DEC D. BY REGI	STRAR 256 REGISTRAR'S SIGN	



VR A15 (4)

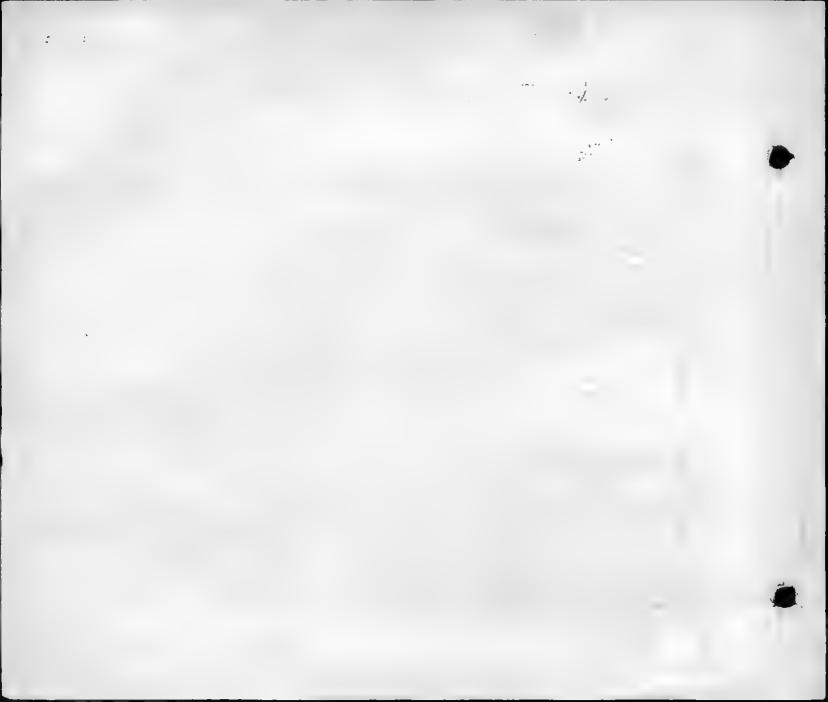
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		2764	CERTIFICAT	E OF	DEATH			0.2	7/a
		corporate .imits, arest lown)	c. LENGTH OF STAY IN 1 50 Days in hospital, give street address)	à.	SUAL RESIDENCE STATE Maryland CITY OF TOWN (HE BALTIMORE STREET ADDRESS	f outside corpo	b, COUNT	[Y	eeres: lown) e. IS RESIDENCE ON A FARM? YES NO S
5.		CLIFTON LOR OR RACE 7. N	MIDDELLAT MIDDELLAT MARRIED NEVER MARRIED DOWED DIVORCED DIVORCE	May	31, 1893	4. DATE OF DEATH	March AGE (In years lest birthday) 67 yrs.	Day IF UNDER TYEAR Months Days	19 61 IF UNDER 24 HRS. Hours Min.
13.	Brakeman FATHER'S NAME William James	o, even if refired)	Railroad	Ma.	thews Co other's MAIDEN Ty Smith	., Virg		<u>U</u> . s.	
(Ye	18. CAUSE OF DEATH PAR I. DEATH WAS	Lenter only one caus CAUSED BY ATE CAUSE (a) DUE TO	16 SOCIAL SECURTY NO. 17 1705-07-7915 C. a per line for (a), (b), and (c).] CARCINOMA OF PER	Linica	al Records		Address Baltimor		Tt. Hoverd Division FEVAL BETWEEN SET AND DEATH VKNOWN
MEDICAL CERTIFICATION	20a, ACCIDENT WAS UND OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	ERLY,NG 201 SE OF DEATH		RED. (Enter		Part 1 or Part I	of item 18.)		P. WAS AUTOPSY PERFORMED? (ES NO)
,	21. I certify that (3) saw the deceased alu 22a. SIGNATURE 22c. Princ CIAN'S NAME (Type)	(this hospital)	Trehen	M.D PI	occured 5 0	ED.	the causes a	and on the da	3/6/61
23:	REMOVAL (Specify) Burial	3, 6, 61	23c. NAME OF CEMETER Baltimore N		matory al Cem.	Balti	TION (City, low	-0	yland
24	FUNERAL DIRECTOR'S SIGN	Par Home	2302 W. North A Baltimore 16, M	venue aryla	MA	D BY REGIST		ISTRAR'S SIGNAT	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

I director, filed with should within 24 requires that the DIRECT plands 0



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	2767	02749					
	1. PLACE OF DEATH	Ī			tution Residence before admission)		
	Baltimore County	MARYLAND	a. STATE Md	b. COUN	ITY Prince Geor		
	b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16		tside corporate limits, write	e RURAL and give nearest town)		
	Mt. "ilson, Maryland	16mo 18 day	Suit	land	16 X - e.		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	· h	e IS RESIDENC		
	Mt. wilson State Hospital		4 Sumi	ners Re	YES NO		
	3. NAME OF First DECEASED (Type or print)	Marie -	Johnson	O.E.	Agnith Day Year 19 6		
	5. SEX F 6 COLOR OR RACE 7. MARI		11/2/187	9. AGE (in year last birthday	Ars IF UNDER 1 YEAR IF UNDER 24 F Wonths Days Haurs Mi		
	100 USUAL OCCUPATION (Give kind of wark dane 10b. during most of warking life, even if retired) HOUSE WIFE	KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (Stole I	or foreign country)	12. CITEZEN OF WHAT COUNT		
\	13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
	donn A. Ireland		Mar	Cha Phi	PPS		
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		IFORMANI	^	address		
	No	None Hos	spital Records	, Mt. Wilson	State Hospital		
	1B. CAUSE OF DEATH Enter anly one couse per li	ine for (o), (b), and (c).]	1- 1 2		INTERVAL BETWEE		
	PART I DEATH WAS CAUSED BY. Pulmonary Embolism						
	DUE TO	-1 1	· 1 71	. 1/	7		
		hrombos	15 Of 111	ac rein			
	gove rise to immediate couse (a), stating the under-						
	lying couse lost.) (c)						
	PART IS OTHER SIGNIFICANT CONDITIONS		*		PERFORMED		
	Arteriosclerotic	Lardize D		ith Fail	VES NO		
100	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	J. (Enter nature of injury in F				
	20c TIME OF INJURY Month, Doy, Year 20d I Haur a.m. While	(County) (St					
	₹ p. m. 19 at was						
	21. I certify that (I) (this haspital) attend	ded the deceased fram	10/16 191	59. to 3/6	, 19_ <i>(el</i>), that (I) (we) I		
	saw the deceased alive an 3/6.	19_6/, and that d	eath accurred at & A	M, fram the causes	and an the date stated aba		
	22o. SIGNATURE		ATTENDING ME	D STAFF	22b. DAT		
	22c PHYSICIAN'S	ı ı	M.D PHYS. DIF	ECTOR PHYS.	2/6/6/		
	NAMξ (Type)	1 4 1 1		CA-4- Transit	hat de lastana		
		erintendent			tal, Mt. Wilson,		
	230. BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY OF	R CREMATORY	23d LOCATION (City low	n, or county) (Stote)		
	BUSIC 9/8/196	Dether Cem	0/2"	BY REGISTRAR 25h RE	TOTAL PARTIES		
-	24 FUNERAL DIRECTOR'S SIGNATURE 520	9 york Re	MAR I	0.104	Uhur S. Kraus		

the attending physician and campletely filled by the funeral director.

Then please remove carbon papers. Pages 1 and 2 shauld be filed with may be lined by the haspital or attending physician.

D FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health priar ta burial, crematian, ar remayal, and in any event within 72 haurs after death. TO FUNE

OR ATTEMBING MIYSICIAN: The law requires that the death certificate be executed within 24

is after death. Page 4

TO HOSP VR A15 (4) 15M 9/59



IS RESIDENCE

ON A FARM?

YES TO NOW

PERFORMED? YES TO NO TX

(Stote)

DATE MAR 1 4 161

(Stote)

1964

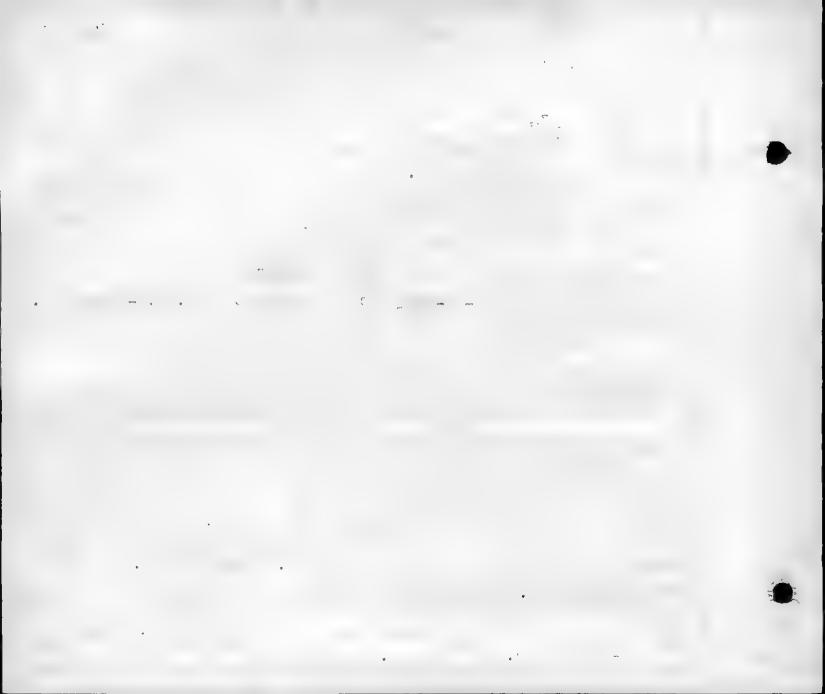
15M 9/58



VS A15 (4) 15M 9/55

i,	MARYLAND STATE DEPARTMENT O	F HEA
3	2769 Item 22b, Firm Gaba	4/6/6
- 1	CERTIFICATE O	IF DE
- 1		

· COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O'S STATE Maryla	ere deceased lived If institution b. COUNTY	Residence before admission Baltimore	•)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I. OWSON	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson				
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address)			e. IS RESIDE		
	Towson Convalescent Home		k Road	ON A FA		
3. NAME OF First (Type or print) EDITH	Middle J. K	EENE Loss	4. DATE Month OF DEATHMARCh 31	/		
5. SEX 6. COLOR OR RACE 7. MARK	HED NEVER MARRIED	B. DATE OF BIRTH	9 AGE fin years III	FUNDER I YEAR IF UNDER 2		
Female White widowi		11/5/78	lost birthdoy) 82 yrs	Months Doys Hours	Min	
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	None		, Maryland	12 CITIZEN OF WHAT CO	OUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
Elias Jones		Mary Nico	1.3 .s			
(Yes, no, or unknown) (If yes, give war or dates of service) 2	12-26-2341	informant Records-Tows	on Conval.Ho		/d.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: CFRERRAL THROMBOSIS IMMEDIATE CAUSE (o).					
Conditions, if any, which gove rise to immediate couse (a), stoling the under lying couse lost. DUE TO						
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH 8U	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN	I IN PART I(o) 19. WAS AUT PERFORM YES N	IED?	
	CRIBE HOW INJURY OCCURR	D. (Enter noture of injury in P	ort I or Port II of ilem 18.)			
Hour o. p. While	NOT white 10 of work 1	ACE OF INJURY (Home, form, ictory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stole)	
21. I certify that I attended the decease alive on 3/3/4/6/, 19			3 <i>/3//(cf.</i> 19, M, from the causes and	that I last saw the de		
ACTUAL T. C. SLAVINS FO		A	DDRESS (Street, city or fown, ste Pennsylvania A	ote) DATE	SIGNED	
PHYSICIAN'S Thaddeus C. Si	winski		4, Maryland			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d, LOCATION (City, town, or o	county) (State)		
Burial April 2,1961			Church Cree	k, Maryland		
Wm Cook-Towson, Inc. 1	050 York Rd	Towson DATE	R 2 204	LAR'S SIGNATURE		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

02759

	2110	CERTIFICA	IE OF DEATH		02000
1.	PLACE OF DEATH C. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Md.	A COMMANDER COMMAND	
)	b CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) Baltimore	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor Baltimore	rate limits, write RURAL and gr	ive nearest fown)
	d NAME OF HOSPITAL (If not in hospital, give street or institution 4406 Highvi		d. STREET ADDRESS 4406 Highvie	w Ave. #29	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF First DECEASED (Type or print) George	W. Klut	Lost 4. DATE OF DEATH	March 2	22, 1961
	4	10000		Land Advantage of the Control of the	
	o USUAL OCCUPATION (Give kind of work done lid during most of working life, even if retired) Machinist	b. KIND OF BUSINESS OR INDUS Grief Bros.	RY 11 BIRTHPLACE (State or foreign of Maryland		
13	FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
15 (Y	Unknown . WAS DECEASED EVER IN U. S. ARMED FORCES? I the not of unknown Iff yes, give wor or dates of service) no		FORMANT (daughter)	Address 4406 Highvlet	w Ave. #20
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause lost. Cause (b) DUE TO (c)	rebro-Vas	stri andio	Elisculeur	lseco
FICATION	PART II. OTHER SIGNIFICANT CONDITION				PERFORMED?
A CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. 19 What var	E- al		or town) (C	ounty) (State
	21 I certify that (I) (this haspital) atters saw the deceased elive an May w	1 30 1			date stated above
	26 SIGNATURE PROPERTY OF THE	derick		STAFF PHYS	
-	NAME (Type) X DINX MERX		4.2	Avenue #2	7
23	G. BUR AL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)		MARYLAND O. STATE Md. b. COUNTY Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore d. STREET ADDRESS PUBLISHED AUG. Middle Last Month OFATH March OFATH March OFATH March OFATH March OFATH March OFATH Month OFATH OFATH Month OFATH OFATH Month OFATH OFATH Month OFATH OFATH OFATH OFATH ONSET AND DEATH ONSET ONSET ON THE OUTP ONSET ON TH		
24	Burial 3/25/61 FUNERAL DIRECTOR'S SIGNATURE HOWard H. Hubbard 4:	ADDRESS.	Z50 REC'D BY REGIST	RAR 256 REGISTRAR S SIG	•
H		- 177	Pour district F 1 . P		Visit St

TO HOSP) 24. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be need by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



2771 CERTIFICATE OF DEATH 02753

e. IS RESIDENCE ON A FARM? YES NO Z

Year

19

: Residence before admission) Baltimore

Circling & House

1961, that (1) (we) lost on the date stated above

FUNDER 1 YEAR IF UNDER 24 HRS

Hours 12 CITIZEN OF WHAT COUNTRY? U.S.A.

> INTERVAL BETWEEN ONSET AND DEATH vr

> > WAS AUTOPSY PERFORMED? YES NO

(Stole)

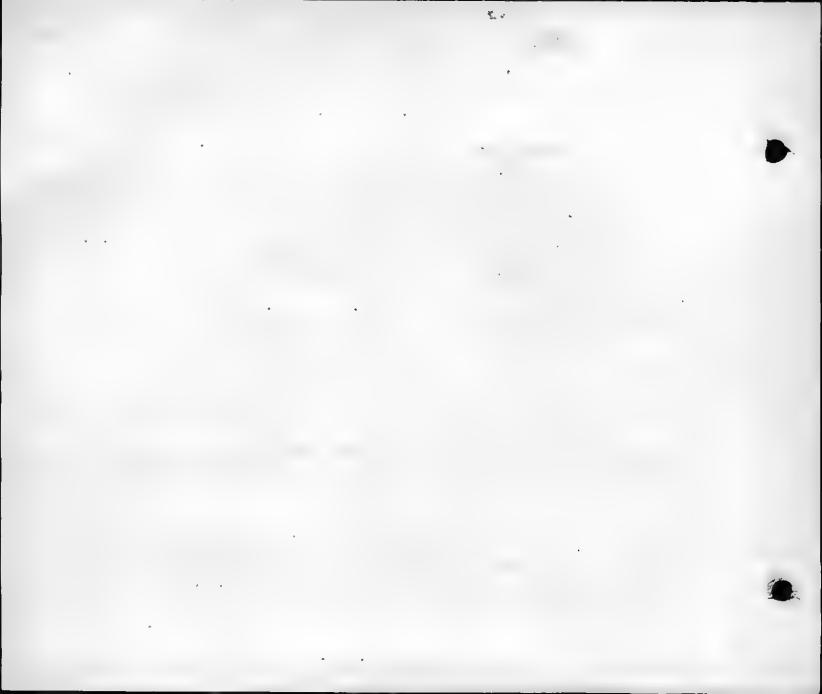
22b DATE SIGNED

(Stote)

	10.0 6 7				
	PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary		tion: Residence before odmission Baltimore
	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Monkton	30 yrs.	c. CITY OR TOWN (If a	,	RURAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d.\STREET ADDRESS		e. IS RESII ON A
	Monkton Rd		Monl	kton Rd.	YES 🗍
3.	NAME OF DECEASED (Type or print) First JOSEPH	Middle KUPISCH	i Last	OF.	3-7-61 Day Y
5	sex 6 COLOR OR RACE 7. MARR male white WIDOWE	IED NEVER MARRIED DIVORCED DIVORCED	3-7-1903	9 AGE (In year lost birthday) 58 yr	Months Days Hours
100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if ratired)	kind of Business or Indu railroad			12 CITIZEN OF WHAT CO
13.	carpenter helper	ratiroau	14. MOTHER'S MAIDEN N		010111
	Gottleib Kupisch		Clara	Kock	
	WAS DECEASED EVER IN U. S. ARMED FORCES? s. no. or unknown) (If yes, give war or dates of service)		rs. Helen H		above
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS C		NOT RELATED TO THE TERMI	nal disease condition g	SIVEN IN PART 1(0) 19 WAS A PERFOR
CERTIFICATION	Diabetes Mellitus 200 ACCIDENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18 }	YES 🗍
MEDICAL (Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc		(County)
	21. I certify that (1) (this hospital) attends saw the deceased alive on March6	led the deceosed fram		M, from the couses of	and on the date stated
	220 SIGNATURE M. C. Parter 22c. PHYSICIAN'S	ferry	M.D PHYS DI	ED. STAFF	3/7/61
	NAME (Type) M.C.Porterfield	<i>y</i>	nam	pstead, Md.	
	Burial, Cremation, 23b Date Thereof REMOVAL (Specify) Burial 3-10-61	Cedar Grov	e	Parkton, M	ld.
١.,	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS POWEROW			GISTRAR'S SIGNATURE
	Brooks Funeral Servic	e, Towson	DATE D	IAR 1 3 '61	Clasting 9 ft

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 the funeral director, 2 should be filed with ono the attending physician and completely filled Then please remave carbon papers. Pages 1 and in any event within 72 haurs after death

may be LUNER LIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. the State Board of Health prior to burial, cremation, or remayal, s TO FUNER VR A15 (4) 15M 9/59



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY \$ 72 3 MARYLAND CITY OR TOWN III outside corporata limits, write RURAL and give negrest lown) b. CITY OR TOWN (If outside corporate limits. Wing d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO W NAME OF OF DEATH DECEASED (Type or print) 19 JE JNDER 24 HRS. 5. SEX AGE I n years LIF UNDER 1 YEAR lest birthday) WIDOWED IDe. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give wer or detes of service) INTERVAL RETWEEN 18. CAUSE OF DEATH If nier only one cause per line ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) in Trephritis DUE TO Conditions, If eny, which gave rise to immediate cause **DUE TO** (e), sletting the underlying ceuse lest. PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18. 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (Stete) 20c. TIME OF INJURY Month, Day, Year While Not While factory, street, office bldg., etc.) Hour a.m. el work el work DIRECTOR 21. | certify that (I) (this hospital) attended the deceased from...... from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE 96 SIGNED ATTENDING STAFF PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 25e. REC'D BY REGISTRAR VR A15 (4)

DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 2773 CERTIFICATE OF DEATH

02755

	1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give perest lown) MITUGLEOOLOUGH Lyd.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middleborough						
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 202 Oak Avenue 202 Oak Avenue 0.15 RESIDENCE ON A FARM? YES NO						
T T	3. NAME OF DECEASED First Middle MCCL (Type or print) Edna Mary McCL	2000120						
	Female White WIDOWED DIVORCED	B DATE OF BIRTH Oct. 28,1904 9. AGE (In years left UNDER 1YEAR IF UNDER 24 HRS lost, birthdoy) 56 yrs Months Doys Hours Min						
1	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 13. FATHER'S NAME	TI. BIRTHPLACE (Stole or foreign country) Pennsylvania 14. MOTHER'S MAIDEN NAME						
	John M. McCloud	Hettie McDonald						
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN [Yes, no. or unknown] (If yes, give wor or dates of service) 186-20-7464EE	Arl L. Morris 202 Oak Ave.						
	0.00110	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO						
		D. (Enter nature of injury in Part II or Part II of item 1B) ACE OF INJURY (Home, farm, 120f. (City or town) (County) (State)						
	Hour c. m. p. m. 19 Ot work Ot work	ctory, street, office bldg., etc.)						
	21 I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an	Jeath accurred at 9 M, from the couses and an the date stated above.						
	M's I The	M.D ATTENDING DIRECTOR DISTAFF 3-24-61 22d ADDRESS 1105 ULD EASTERN AVE., FSSEX, M.S.						
	230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OF CEME							
	John O. Mitchell & Sosn, Inc.	25g REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE						
		DAMAR 27'61 Cothur & Kraus						

OR ATTEMBING PHYSICIAM: The low requires that the lands serviced by the hospital or attending physician. Page 4 the funeral director, and 2 shauld be filed with

DEUNER TIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

may be TO FUNER TO HOSPI VR A15 (4) 15M 9/59



hours after



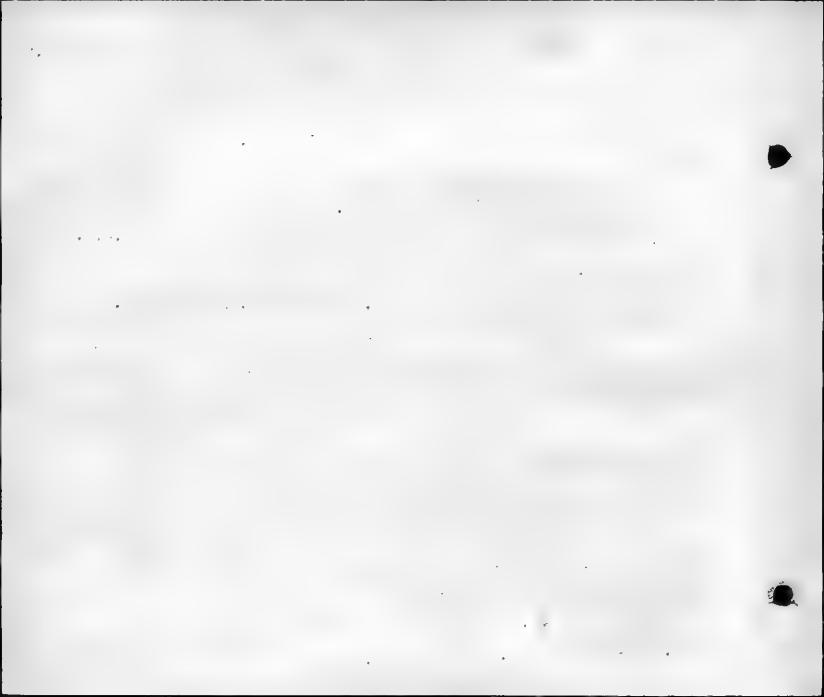
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 2775 Reg. Dist. Na 1275 director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed Maryland Baltimore b. COUNTY MARYLAND ofter death. funeral b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 8 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should Baltimore Baltimore d. NAME OF HOSPITAL (If not in hospitat, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? > 0 5207 York Rd. Armacost Nursing Home YES NO P NAME OF DECEASED Middle 4. DATE Month Year 24 1961 PEARL E. LEISTER March (Type or print) within 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF RIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) yrs. Months death. WIDOWED F Nov. 10.1883 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWITE

10b. KIND OF BUSINESS OR INDUSTRY

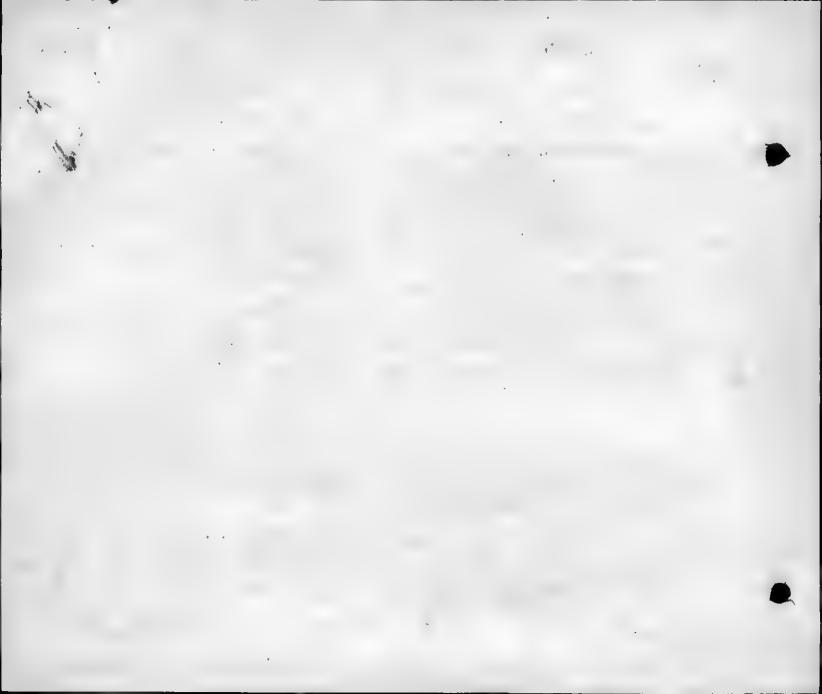
11. BIRTHPLACE (Stole or foreign country)

Pennsylvania 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore R. Grove Anna E. Fletcher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) No Mrs. Luella Stees. 5207 York Rd. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 2 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) WK. DUE TO Homourhage Conditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. n. Not while of work of work 21. I certify that I attended the deceased from 2000 196/_that I last saw the deceased Mari and that death accurred at 970 A.M., from the causes and on the date stated above. ACTUAL SIGNATURE 9 0 P PHYSICIAN'S NAME (Type) FUNE 220. BURIAL, CREMATION, 226. DATE THEREOF Green Lawn Memorial 22d. LOCATION [City, town, or county] ' (Stote) REMOVAL (Specify)
Removal Barberton, Ohio 9 ADDRESS 24a. REC'D BY REGISTRAR MAR 7 '61 24b. REGISTRAR'S SIGNATURE Inc. 1050 York Rd.



DIVISION OF STATISTICAL RESEARCH . PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaasad I vad, finstitution: Rasidanca before admiss on) X. a. COUNTY a. STATE b. COUNTY by the and 2 death. Baltimore MARYLAND b. CITY OR TOWN (if outs da corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporata limits, write RURAL and give nearest town) þ write RURAL and give nearest town) Owings Mills, Md. = -10 years Baltimore 15 Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RES DENCE ON A FARM? YES NO Rosewood St. Tr. School Dolfield Avenue 3. NAME OF 4. DATE Month DECEASED OF Levin (Typa or print) Myron DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR . IF UNDER 24 HRS. 8. DATE OF SIRTH last birthday) Months | Days Hours Male White DIVORCED 17 yrs. WIDOWED 10a. USUAL OCCUPATION [Grva kind of work physician remove 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) . 12. CITIZEN OF WHAT COLNTRY? dona during most of working life, even if retired) Baltimore, Maryland dependent attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rebecca Bilane Benjamin Levin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yes, no, or unkown) ((Ifyas give war or datas of sarvice) Owings Mills, Md. Rosewood Records. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMED ATE CAUSE (a) JE TO gava rise to immadiata causa DUF TO (a), stating the undarlying THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED? NO 206. ACCIDENT WAS UNDERLYING | | 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of in very in Part I or Part II of Jiem 18.) OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year factory, straat, office bldg., atc.) While Not While Hour a.m. at work at work DIRECTOR: DIRECTOR M D 22d. ADDRESS ector, 23d, LOCATION O 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

IARYLAND STATE DEPARTMENT OF HEALTH



Division_of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 8 Film 0282 3/15/61 mb 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY Baltimore STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. Board of b write RURAL and give neerest lown) Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS State 2h Lincoln Avenue Lincoln Avenue 3. NAME OF Middle 4. DATE DECEASED OF DELMA (Type or print) DEATH IDMIS March 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 190 2 9. AGE Un yaers 11F UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Female Colored Dec. 19. 1906 DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired)
Practical Nurse Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward H. Moore Wilhelmina Reddie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordetesofservice) Alfonza Lewis - 24 Lincoln Ave. 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c).] Arteriosclerotic cardiovascular disease PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO {b] geva rise to immediate cause execute the certificate, writing the word "pending" to be forwarded to the Chief Medical Examiner's IERAL DIRECTOR: Page 3 should be used as a lesignated agent, prior to burial, cremation, or ren DUE TO (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY CERTIFICATION 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Ham 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) factory, street, office bldg., etc.] While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry death resulted from: Natural causes Accident Surcide Homicide Undetermined manner I CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S W. Bradley King, Jr., M.D. NAME (Type) Address (Street, city, town or county) 22a, BURIAL, CREMATION | 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE REMOVAL (Spacify) Baltimore, Maryland Eurial 940 2 lft. Auburn 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Charles R. Law - 802 Madison Ave. VS. A15ME MAR 1 4 '61 arthur S. Frank 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

1967

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO [

(State)

YES TE

and in my opinion

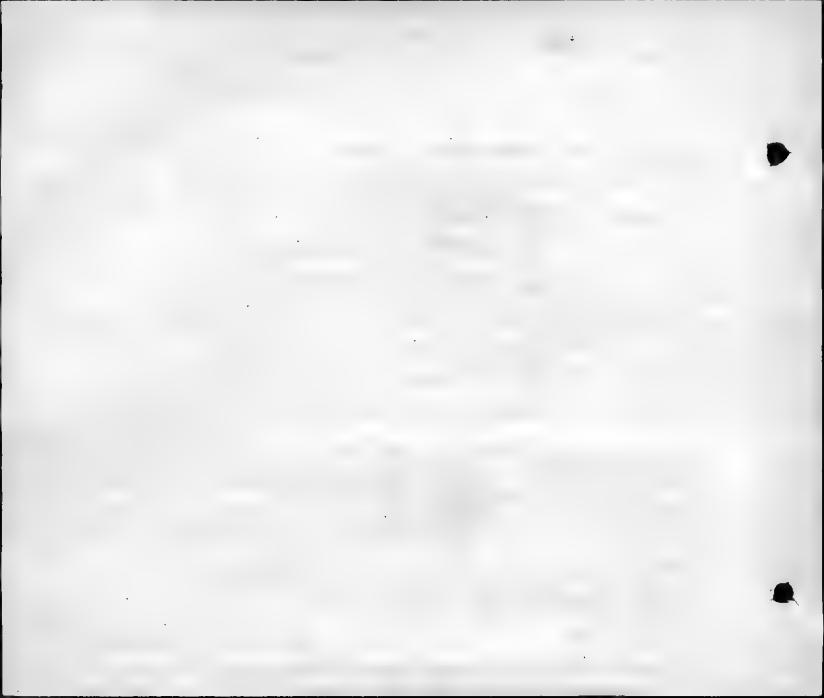
DATE SIGNED

3/8/61

MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If it is the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the provested to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retail forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retail. L DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the St.

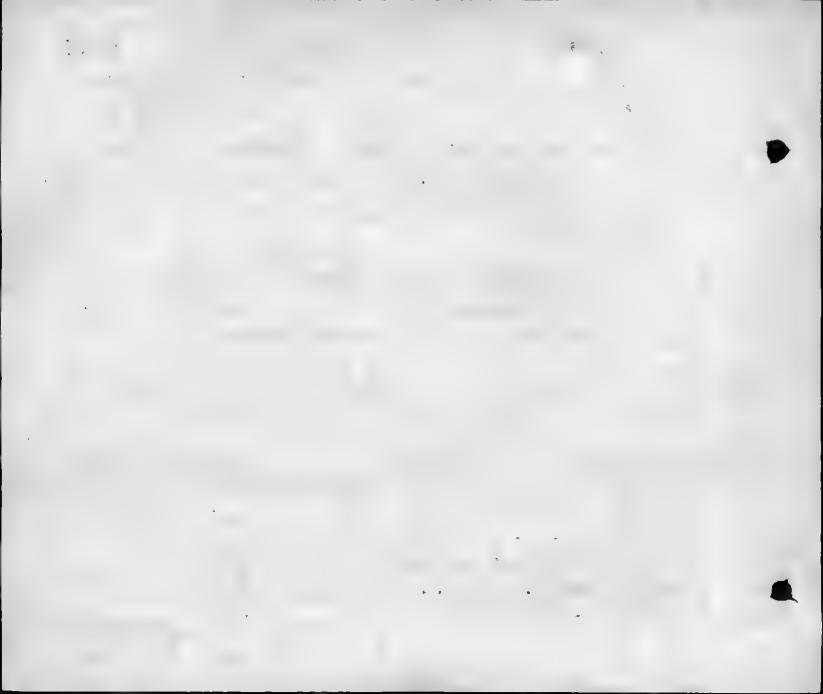


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY o. STATE **b.** COUNTY MARYLAND dealh. b. CITY OR TOWN (If outside corporate limits, write RURAL and give near (Lawn) funeral c. LENGTH OF STAY IN 110 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) shauld word ALLSTON OWK after d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO NAME OF 4. DATE Middle Last Month Year Day DECEASED OF within 24 DEATH (Type or print) 196 NEVER MARRIED 5. SEX 6. COLOR OR RACE MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House carbon 00 56 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME physician certificote move hours WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT (If yes, give war or dotes of service) ANDALLETOIL 2 attending death CAUSE OF DEATH [Enter only one cause per live for (a), (b), and (c).] INTERVAL BETWEEN ₽. .PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) **DUE TO** that Á E. g Conditions, if ony, which gave rise to immediate **DUE TO** ē. cottle (a), stating the underpup lying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUDOPS PERFORMED? YES 🗍 NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificale MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Doy, Year [County) (State) factory, street, office bldg., etc.) o. m. While Not while of work at wark p. m. 19_6_1, that I last saw the deceased 21. I certify that I attended the deceased from 7:00 PM, from the causes and an the date stated above. alive on_ that death occurred at. MOURESS (Street, city or town, state) ACTUAL SIGNATURE 80 ploor registrar PHYSICIAN'S NAME (Type) HOSPI FUNER ന 22a. BURIAL CREMATION 22b. DATE THEREOF 22d. LOCATION (City. 22c. NAME OF CEMETERY OR CREMATORY town, or county (State) 2 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE V5 A15 (4) DATE 15M 9/5S



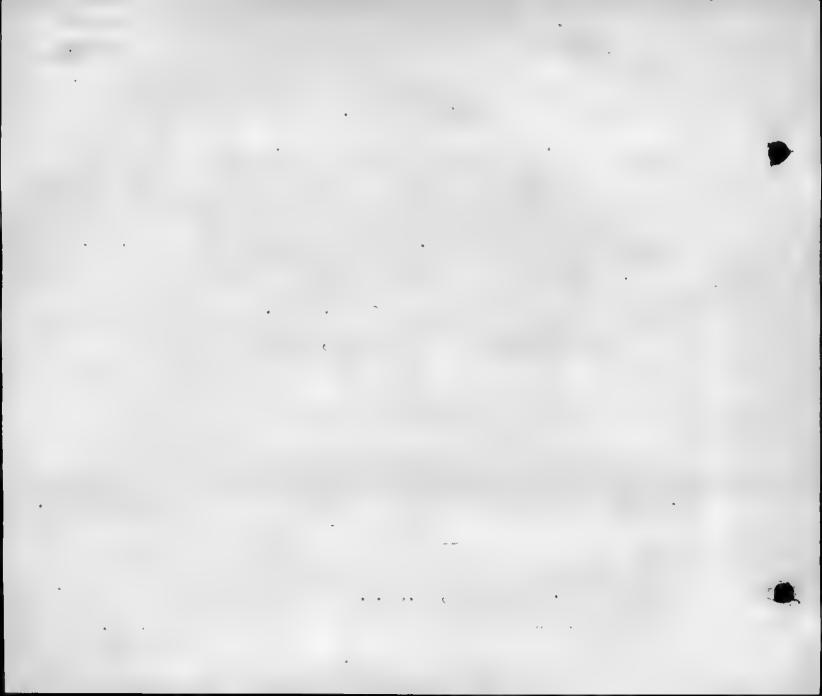
Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) ay is necessal director, Page a. COUNTY Health, e. STATE b. COUNTY b. CITY OR TOWN (if outs de corporete C. LENGTH OF STAY IN 16 c, CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] 0 0 Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Hillendale YES NO 3. NAME OF M ddle DATE DECEASED OF (Type or print) DEATH EVERETT H. LITCHFTEID March 19 61 with 6. COLOR OR RACE 17. MARRIED NEVER MARRIED AGE (In years I IF UNDER I YEAR I 8. DATE OF BIRTH IF UNDER 24 HRS. may 2 5 m and 2 w lest b'rthdey) | Months and Hours WIDOWED DIVORCED White 10a. USUAL OCCUPATION IGive kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working I le, even if retired) 1. Give Pages 1, form PM3. Page pages 13. FATHER'S NAME E This certificate should be executed within 16. SOCIAL SECURITY NO.1 17. Address permit. (Yes, no, or unkown) | (If yesgive war or detes of service) Office along with burial-fransit permi Any 18. CAUSE OF DEATH (Enter only one cause per line for fel! .= ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease Bud **DUE TO** Conditions, if eny, which {b1 gave rise to immediate cause Examiner's **DUE TO** (e), stelling the underlying 10 (E) cause lest. nsed PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION PERFORMED? cute title certificate, writing the word should be forwarded to the Chief Medical PUNERAL DIRECTOR: Page 3 should b NO 3 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 5 PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. 2De. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While 0 Not While Hour e.m. at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry end in my opinion agent, Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER TO designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 3/6/61 EXAMINER'S Russell S. Fisher, M.D. INTERIOR (Type) pluods Address (Street, city, town, or county) BURIAL, EREMATION .. 226, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Q g 40 FUNERAL DIRECTO 24e. REC'D BY REGISTRAR I 24b. REG.STRAR'S SIGNATURE VS. ATSME arihun S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) I. PLACE OF DEATH ay is necessary lege al director, Page d for your files, Baltimore e. COUNTY a. STATE b. COUNTY Marvland Baltimore MARYLAND b. CITY OR TOWN (f outside corporete I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m.ts, write RURAL and give neerest town) write RURAL and give nearest town? Monkton Monkton d. NAME OF HOSPITAL OR INSTITUTION (Emotion hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? York Rd. State York Rd. YES NO X 3. NAME OF First Middle Last 4. DATE Month DECEASED and 3 to the OF with the MAY MAE (Type or print) DEATH HELEN LONG MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. I e the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be L DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the ted agent, prior to burial, cremation, or removal, and in any event within 72 hours after March 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years .F UNDER I YEAR last birthdey) Months Female Hours White 35 yrs WIDOWED [DIVORCED 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY; 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Tool Mfg. U.S.A. Virginia press operator 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME W.H. Bennett Catron Sarah 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or detes of service) John R. Long. no above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Gunshot wound of chest, with massive internal IMMEDIATE CAUSE (e) hemorrhage **DUE TO** (b) gave rise to immediate cause **DUE TO** (e), steting the underlying cause lest, PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS ALTOPSY CERTIFICATION PERFORMED? acute the certificate, writing the word YES T NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 200 EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING ule the certificate, to the Chief Medial forwarded to the Chief Medial AL DIRECTOR: Page 3 should burial, or CAUSE OF DEATH. Apparently shot by 5 year old son 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or lown) (County) (State) fectory, street, office bldg., etc.) Not While at work at work Baltimore Home 21 I certify that I took charge of the remains described above, held an Autopsy x Inspection Inquiry and in my opinion death resulted from: Natural causes Accident 🛖 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER 3/8/61 W. Bradley King, Jr., M.D. plnous NAME (Type) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) Burial 3-11-61 Hereford Baptist Hereford, Md. £40 ADDRESS 23. FUNERAL DIRECTOR 24e. VS. A15ME Brooks Funeral Service, Towson 4. 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence e. COUNTY MERVISHD b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) write RURAL and give nagrest town) Catons vill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 605 Edgewood Street YES NO D DECEASED (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS. NEVER MARRIED 8. lest birthdey) Months | Devs WIDOWED 10s. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & Stelle, or foreign country) 13. FATHER'S NAME please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give were idetes of service) Records: unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (e) Arteriosclerotic heart disease with hypertension Vears geve rise to immediate ceuse **DUE TO** (a), stating the underlying Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 19. WAS AUTOPSY PERFORMED? YES X NO 1 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Errer neture of niury in Pert I or Pert II of 'tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) factory, straet, off ce bidg., etc.) Not While Hour e.m. et work B! work 21. I certify that (1) (this hospital) attended the deceased from 3-14 saw the deceased alive on 3-19- 19.61., and that death occured at 7.318, From the causes and on the date stated above 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Stella Wachsler. director, be filed 238. BURIAL, CREMATION, 236. PATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 10/ EDMONDS ON AUE DATEMAR 27'61 15M 9/60

AND STATE DEPARTMENT OF HEALTH

physician alten 0



TO HOSPITAL OR ATTENDING PHYSICIAN: The law remuires that the dmath certificate be menuted within 24 hours after death. Page 4 may be need by the haspital ar attending physician.

TO FUNERA, DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

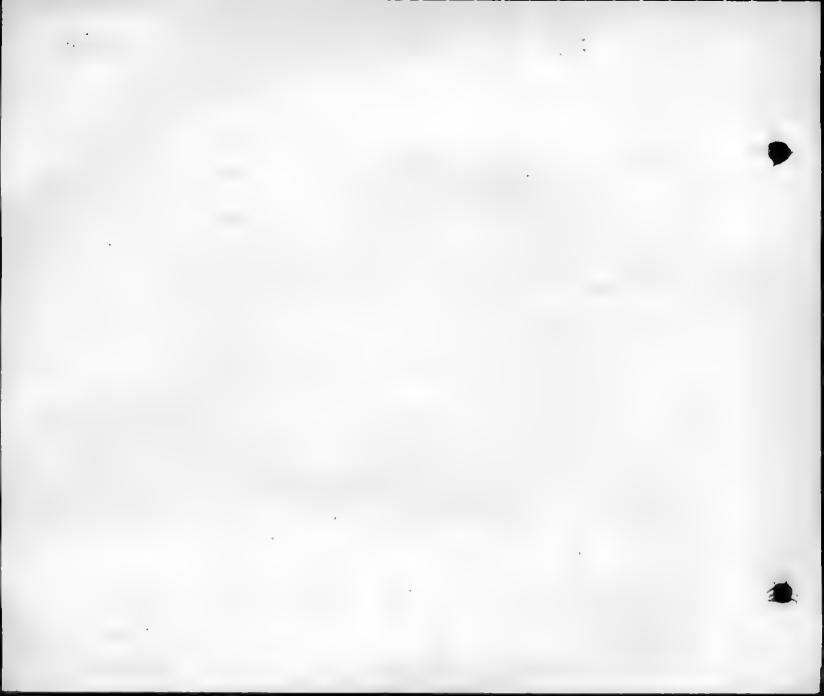
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MARYLAND STATE DEPARTMENT OF HEALTH 2782 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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		-M-	<u>, Y</u> ,	

		PLACE OF DEATH						DENCE (Wh	ere decease	d lived. If institut		before	ad missi	on)
1		o. COUNTY	Baltimore	,	MARYL	AND.	o. STATE Maryland b. COUNTY							
Ц	t	D. CITY OR TOWN (IF RURAL and give nec		its write	c. LENGTH OF STAY I	N 1b	c. CITY OR 1	OWN (IF o	utside corpe	orale limits, write	RURAL and gi	ve Neore	st town)
/		a 1			2mth2udvs		Baltimo	216			Sp 8		#	
1 /20	. (. NAME OF HOSPITA		jive street		- 11	d. STREET A					e.	IS RESI	DENCE FARM?
1		OR INSTITUTION	OVE STATE	HO	SeT PAT.		1455	Wash	ingtor	Blvd.				NO [
	3 1	NAME OF	Fir	st	Middle		Las	1	4. DATE	Mo	nth	Day	Y	ear
		DECEASED Type or print)	Will	iam	Josep	h	Laher		OF DEATH	2.6		30		9 61
	S. S	EΧ	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIE	рΠВ	DATE OF BIRTI	Н		9. AGE (In years	IF UNDER !	YEAR IF	UNDE	R 24 HRS
	1	male	white	WIDOW			Aug; 2	, 1900)	lost birthday)	Months [Days I	Havrs	Min
	10a	USUAL OCCUPATION	N (Give kind of work	done 10b	KIND OF BUSINESS OF	NDUSTR	Y 11. BIRTHPL	ACE (State	or fareign c	country)	12, CITIZ	EN OF W	/HAT C	OUNTRY?
			ng`life, even if retired nt_manager	' 1			15	larvla	lo ma		TT 2	6		
	13.	FATHER'S NAME	HO MENIOCI				14 MOTHER'S				U	2. A.		
		Unknown						ıknowr						
		WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17 INFO				Ade	dress			
/	(Yes		f yes, give war or dates of s	ervice}	220-12-6854	Dog	ords ·	1 (313)	0 00	NATION THE ART	776. 1	7.00 4	т	
		no					orus:	SPR.	ינו עור	PARE EVOS	u HU	ITA		
			•		ne for (o), (b), and (c).							INTERV		DEATH
		PART I. DEATH WAS CAUSED BY: Cardiac failuire												
		423 DUE TO												
Antoni colonatio a ndiove audem di sena														
gave rise to immediate							1							
		cause (a), stating t	he under-)										
	_	lying couse lost.) (c											
	õ	PART II OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION GI	VEN IN PART	1(0) 19	WAS A PERFOI	NUTOPSY RMED?
	5				Pneumoni:	a						Y	ES 🔲	NO 🗷
	CERTIFICATION	200 ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJURY OF		(Enter noture o	f injury in I	Port I ar Pa	rt II of item 18.)				
		OR CONTRIBUTING												
	MEDICAL	20c. TIME OF INJURY	Month, Day, Ye				E OF INJURY (I ry, street, office			y or town)	(Co	ouniy)		(State)
	MED	Hour s.m.	19	While of wor	rk Ot wark	10010	, , , , , , , , , , , , , , , , , , , ,	t blog., elc.	"					
		as I madificable	All Albin beaution	3 -44	1-1111		Jan. 10) ,6	51 .	March	3019 6	1	400	
					ded the deceased to			חלל ינדור)					
			ed alive an	OT OIL	20 1901 and	that de	oth occurred	at a	M, fram	the causes a	nd an the	date s		
		220. SIGNATURE	Cann	1)-	00.		ATTENDING	G MI	50	STAFF		_ ,		SIGNED
			Stella	wa	alister	М	D. PHYS.	Z DI	RECTOR [3−.	30-6	1	
		22c. PHYSICIAN'S NAME (Type)	25-37-3	I.T Ta			22d ADDRI	iss 3PF	RING	GR AS S	TATL	HO 51	TA TE	T.
		Traville (Type)	oge TTS	wachs	sler, M. D.			Cot	onsvi	11e-28		nd	- 2 1 (
	23a	BURIAL, CREMATION	J 23h DATE THEREC) F	23c. NAME OF CEME	TERY OR	PEMATORY			TION (City town,		<u> </u>	(Stote	.\
		REMOVAL (Specify)	000112	10/	1111	41			MA	1 10.	AAN		(21010	-1
	2.	SURIAL DIRECTOR'S	SICHATURE	1741	ADDRESS	700	V-CAU	ec	17/17	The Bear	VID	LATING.		
	7	^ /			700,000	C-			D BY REGIS		ISTRAR'S SIG	NATURE		
	1	RED, H. C	OLE 1	1913	W. BALTO	0/		DATE AL	H 3	'61 (_	11 0	40		



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY**b. COUNTY** MARYLAND b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town). RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NAME OF 4. DATE OF Middle Month Day Yeor DECEASED DEATH (Type or print) 19 6 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH AGE (In years 6 COLOR OR RACE last pytholay) Months Days DIVORCED WIDOWED ID 12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11 during most of working life, even if retired) ENGINER VON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) day umon DUE TO Conditions, if any which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES T NO F 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg, etc.) Haur o. m. While Not while at wark ot wark p. m. 10 Prisuns 21 I certify that (1) (this haspital) attended the deceased fram..... ., 19___, that (I) (we) last 19.61 , and that death accurred at 46FM, from the causes and an the date stated above. saw the deceased alive an Mur 22a SIGNATUR 22b.DATE SIGNED ATTENDING PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230 BURIAL CREMATION, 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, ar caunty) (State) REMOVAL (Spec.fy) Luthern Cometery Brookl 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR John Burns' Sons, Towson, Maryland DATE MAR 21 '61 Chilbury S. Hrand

ofter death. Page funeral puo 2 requires that the death certificate be within physician remave attending pleose the at puo þ permit. emayal, DIRECTOR: After this certificate has been signed as the burial-transit by the haspital ar attending physician crematian, detached for 200 TO FUNER ന VR A15 (4)

15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2784 with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission a. COUNTY a. STATE b. COUNTY MARYLAND funeral b CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give negrest tawn) d. NAME OF HOSPITAL (If first in haspital, give street address), OR INSTITUTION d STREET ADDRESS ON A FARM? HAR FOR YES NO NO 3. NAME OF First Middle 4. DATE Day Month Year DECEASED OF (Type or print) DEATH 10 SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED M NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) Manths Days Haurs WIDOWED [DIVORCED [yrs. 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) and after 13. FATHER'S' NAME 14. MOTHER'S MAIDEN NAME 5'6 12 MNA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17 INFORMANT Aridress CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. buriol-transit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS Y PERFORMED? YES NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAL 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (State) WED factory, street, affice bldg., etc.) Haur a.m. While Nat while 19 at work at work 21. I certify that I attended the deceased from Lithat I last saw the deceased that death accurred at A.M. from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE Ploby PHYSICIAN'S registrar NAME (Type) FUNE m BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) abod (State) REMOVAL (Specify) è ARKHOOJ URIA 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

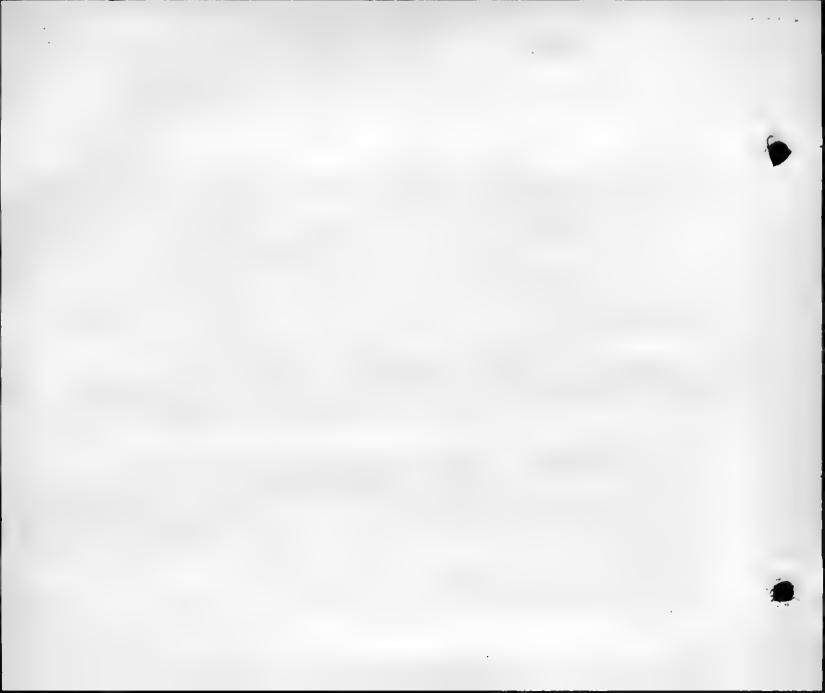
DATE

VS A15 (4) 15M 10/57

after death. Page

within 24

certificate

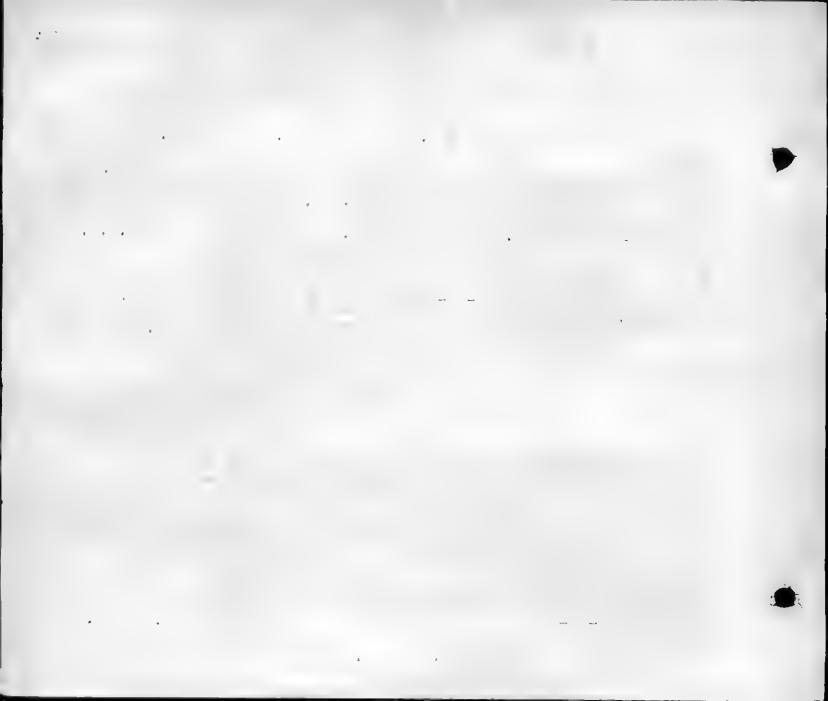


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be ineed by the hospital or attending physician. TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely fille by the funeral director, page 3 snauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 M

	2785	CERTIFIC	CATE OF DE	ATH	•	Reg. Dist. N	№ 112767
o. COUNTY	Balt _i mor e	MARYLAN	d STATEN - 5	ICE (Where decease TV Land	ed lived. If instituti b. COUNTY	ani Residence bi	efore admission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write negrest town)	8 Months		VN (If outside corp Limore	arote limits, write f	URAL and give	nearest town)
d NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stree 541 South Ma	et oddress) rlyn Ave.	d STREET ADD		ıldin St	•	ON A FARMA, YES NO TO
3. NAME OF DECEASED (Type or print)	John	Middle	Marciniak	4. DATE OF DEATE	Mer Mar	ch 10	Day Year 61
s. sex Ma.10	T-772 キチム	RRIED NEVER MARRIED WED DIVORCED	B. DATE OF BIRTH	1888	9. AGE (In years land year) yrs.	Manths Day	AR IF UNDER 24 HRS. Hours Min.
Retired,	ION (Give kind of work done 10 rking life, even if refred) Labor Dept.	Standard O	il Co. Po	land	country)		OF WHAT COUNTRY
3. FATHER'S NAME	George Marc	iniak	Veroi		pirowski		
15. WAS DECEASED EV	FER IN U. S. ARMED FORCES? I	6 SOCIAL SECURITY NO. 12 214-01-4600	Mrs. Hele	n Marc	iniak 10		ouldin S
CATIC	immediate DUE TO the under (c) THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH				/EN IN PART I(o)	19, WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTIF 20c, TIME OF INJU Hour o. m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Year 20d Whi	INJURY OCCURRED 20e.	PLACE OF INJURY (Hor factory, street, effice bl	ne, farm, 20f (Ci	ly or lown)	(Coun	ty) (Stote)
21. I certify that I attended the deceased fram 2/5 , 1959, to 3/10 , 196/, that I last saw the deceased alive on 3/10 , 196/, that I last saw the deceased ali							
20. BURIAL, CREMATI	ON. 226. DATE THEREOF	20. NAME OF CEMETER St. Stani		Dun	ATION (City, town, dalk Ave	or county)	/id a (Stote)
JOHN J. I		ADDRESS Son St. 24,	282	o. REC'D BY REGIS		strar's signal	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



alive on

and that death accurred at //

M, fram the causes and an the date stated above.

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 226 DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

(Stote)

ADDRESS

24a, REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE

Circhary S. Heard

15M 9/5B

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10 VS A15 (4)

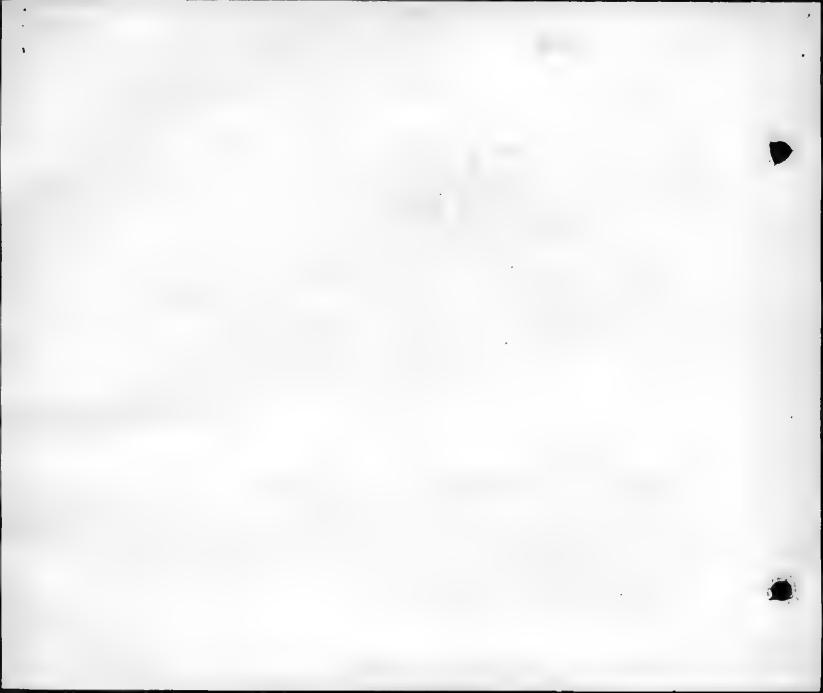
DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if Institutions Residence before edmission) e. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outs de corporete limits, E. LENGTH OF STAY N 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give nearest town) write RJRAL and give nearest town] Catonsville Timonium, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 40 Gorsuch Road YES NO 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH Laura McCov March 19 61 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. (est birthday) Months Days female. white WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife Kentucky 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Murchy Mary Helems 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unkown) i (Ifyes give wer or detes of service) Records: unknown STATE HOURS TAL 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Terminal pneumonia IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic cardiovascular disease geve rise to Immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES A - но Г 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of (tem 18 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED (20e. PLACE OF INJURY (Home, form, ' 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc.) Not While Hour a.m. et work et work March 19.01, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... ...1961 saw the deceased alive on. 22a. SIGNATURE SIGNED ATTENDING STAFF PHYS DIRECTOR PHYS. / M.D. 224 ADDRESS SPRING 22c. PHYSICIAN'S STATE NAME [Type] Stella Wachsler, M. Caton ville 28, Naryland DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REMATION 24 FUNERAL DIRECTOR'S SIGNATURE 25e REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE

AUE, DATE MAR

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DIRECTOR:

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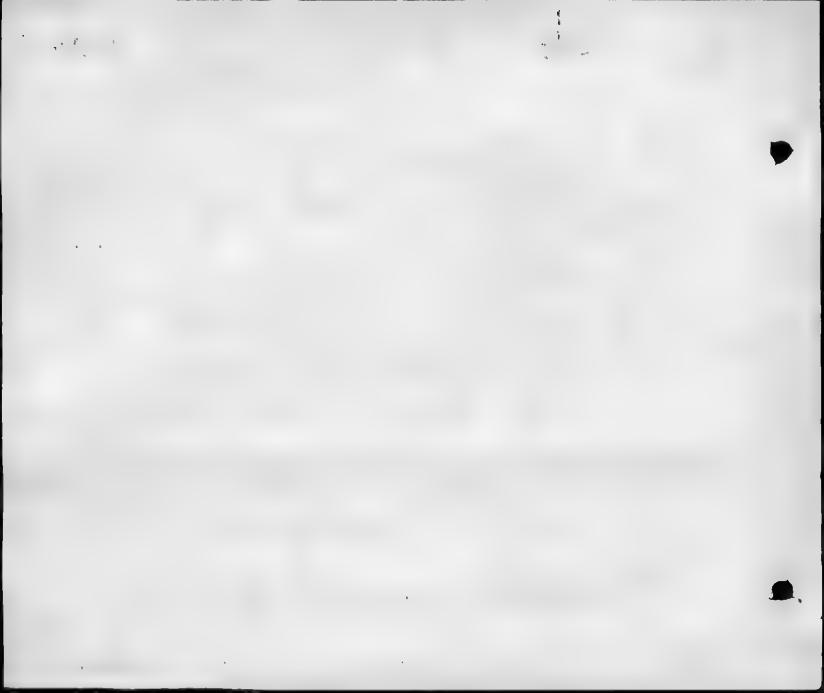
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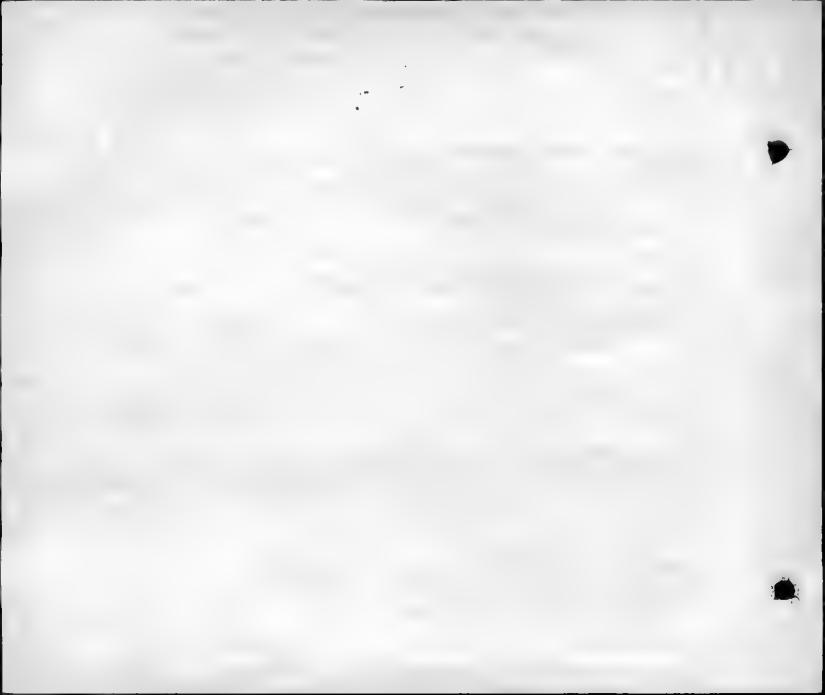
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 788 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. cremotion 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission PLACE OF DEATH e. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR INSTITUTION (Innot in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NAME OF Middle funeral or your Month Year DECEASED OP DEATH (Type or print) 19 for 9. AGE (In years IF UNDER TYEAR NEVER MARRIED 4 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Houn WIDOWED [DIVORCED уга. 10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if raticed) 13_FATHER'S NAME TH-MOTHER ASZ-ABED 18. CAUSE OF DEATH [Enter only one cause per this fer (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if Jony, which gove rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS ő CERTIFICATION PERFORMED? LON 20b. DESCRIBE HOW INJURY OCCURRED (Enter noting of injury in Part 1 or Port (1 of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while While of work at work p. m. to the Chief Medi 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection 13 Inquiry [7] death resulted fram: Natural causes [] Accident Suicide . Hamicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwar D FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL CREMATION. 22b. DATE THEREOF
REMOVAL (Specify) 3/6/6/ 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, lown, or county) 2 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Cothur of Thank DATE MAR 8 761 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2789 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, if institution; Residence be e. COUNTY b. COUNTY Baltimore MARYLAND Maryland and b. CITY OR TOWN (if outside corporate l.m ts. c, C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 څ write RURAL and give nearest town) 4215 Wickford Road, Baltimore 10, Md Fort Howard 30 Days Pages d. NAME OF HOSP, TAL OR INSTITUTION (if not in hosp tal, give streat address) ON A FARM? YES NO Veterans Administration Hospital Wickford Road NAME OF Year DECEASED OF Ba (Type or print) 1961 DEATH CHARLES March MELVIN McLAUGHLI 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR | IF JNDER 24 HRS. B. DATE OF BIRTH lest birthday Months Male WIDOWED DIVORCED 😾 May 20, 1908 physician 10a. USJAL OCCUPATION (Give kind of work remove 10b KIND OF BUSINESS OR NDJSTRY; 11 BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Odd Jobs U. S. A. Handyman Baltimore, Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME please attending and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIA, SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyesg vewarordetasofsarvica) Clinical Records, VAH, Baltimore 18 Maryland Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH MARCHATE CAUSE (8) PULMONARY TUBERCULOSIS, FAR ADVANCED ACTIVE UNKNOWN XXXX (b) SQUAMOUS CELL CARCINOMA, PHARYNX, WITH METASTASIS Conditions, if any, which XXXXX TO RIGHT CERVICAL LYMPH NODES UNKNOWN (a), stating the underlying (c) ARTERIOSCLEROSIS, GENERALIZED UNKNOWN PART A OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a) WAS AUTOPSY PERFORMED? NO prior 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part I or Part II of Itam 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) efached ! After 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) Month, Day, Yaar factory, streat, office bldg., atc.) Not While may be retained DIRECTOR: Af at work 21. I certify that (K (this hospital) attended the deceased from February 28, 160, to March 30., 19.61, that (I) (we) last saw the deceased alive on March 30 22a. SIGNATURE 3/30/01 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH BALTIMORE 18, MD. , FT . HOWARD DIVISION F. CRAHAN, M.D. death.
O FUN.
dinector, 23d. LOCATION (City, lower or county) Maryland 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 1 235. Baltimore National Cemetery

25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE

Wm. Cook-Blight, Inc., 6009 Harford Rd., Balto. 14

VR A15 (4)

15M 9/60



ON STREET, BALTIMORE 1, MARYLAND I NAME OF DECEASED OF (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF hours aft location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days M Under 1 Year 9. AGE (In years) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108, KIND OF BUSINESS OR 10A USUAL OCCUPATION (Give kind of) WHAT COUNTRY? INDUSTRY work dopeduring most of working life, even If retired) 14. MOTHER'S MAJDEN NAME 13. FATHER'S NAME Elizabeth 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) SECURITY NO. (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING ATION RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FIC FI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ö IF OPERATION WAS RELATED TO 19A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. ALLEGRAY CAUSE OF DEATH, ENTER IN WAS PERFORMED PART I OP PART II 22. I certify that (I) (this hospital) attended the deceased from19.6 10.m., from the causes and on the date stated above. and that death occurred at 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED STAFF PHYS ATTENOING PHYS MED DIRECTOR 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-240, LOCATION (City, town, or county) 24B, DATE March 22,1961 VR A15 (4) DATE RECEIVED BY REGISTRAR'S SIGNATURE 15M 9/60 Cicling & Thousa

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DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CENTRE CATE OF DEATH

	4131	CERTIFICA	IE OF DEATH		02773
1. PLACE OF DEATH 0. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	1	n. Residence before admission) Baltimore
RURAL and give	I (If outside corporate limits, write neorest town) LUIMORE	c LENGTH OF STAY IN 16		utside corporote limits, write RU Cimore	URAL and give nearest town)
d. NAME OF HOS OR INSTITUTIO		oddress) enue	d. STREET ADDRESS 4409 Joh	nn Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Georgia I	. Melia	Lost	4. DATE Mont	h 23, Day Yeor 61
f emal e	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH NOV. 7. 18	9 AGE (In years last birthday) 81 yrs.	Months Days Hours Min.
during most of w NOUSEW:	TION (Give kind of work done 10b. prking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Marylar	-	U. S. A.
3. FATHER'S NAME W11.	liam G. FWWWW	X Groomes	14. MOTHER'S MAIDEN N		
15. WAS DECEASED E (Yes, no, or unknown) NO	VER IN U. S. ARMED FORCES? 16.		reo Melia 42	109 John Ave	nue mai
Conditions, if gove rise to couse (o), stolin lying couse lo:	immediate DUE TO	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	YEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO F
	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I		(5-14)
WEDG TIME OF INJ	n. While	_ Not while _ fo	ctory, street, office bldg., etc.) Zur. (City or town)	(County) (State
	hat (I) (this haspital) oftend cased alive on		death occurred of	M, from the couses on	d on the dote stated above
22c PHYSICIAN NAME (Type	John F. Co	olahan	22d. ADDRESS	RÉCTOR D PHÝS D	ue
Buria CREMA		230 NAME OF CEMETERY OF Lorraine Pa		23d LOCATION (City, fown, or Baltimore,	
24. FUNERAL DIRECTO HOWARD H	or's signature 1. Hubbard 410	ADDRESS 7 Wilkens Au		MAD 2 7 /c1	STRAR'S SIGNATURE

TO HOSPI OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 the safet death. Page 4 may be need by the hospital or attending physician.

TO FUNE. DIRECTOR: After this certificate has been signed by the ottending physician and campletely filler by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremotion, or removal, and in any event, within 72 hours after death.

VR ATS (4) TSM IP/SP



Division of ATAX EARCH AND RECORDS. **BALTIMORE 1, MA** FOR STATE tems 2c & d 111m 620 PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, If institution: Rasidance before edm ssion) a. COUNTY Page a. STATE **b.** COUNTY is necessary director, Pagi or your files. MARYLAND Baltimore Maryland Baltimore b. CITY OR TOWN (if outside corporeta lim ts, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end a ve neerest town) for your I Board of E write RURAL and give neerast town) 11 years Ellicott City Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Street e. IS RESIDENCE ON A FARM? refained YES NO Y Forest Haven Nursing Home Ingleside Ave 3. NAME OF Middle DATE Month Year DECEASED OF 2, and 3 to the the (Type or print) DEATH 19 Mar.14 MELLOR with 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR may b 2 with 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5 m. 2 hours last birthday) Months Days Min. White Female WIDOWED X DIVORCED 1868yrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pege . done during most of working life, even if retired) in pencil in Hem 18. Give Pages /ithin West Virginia pages At Home None form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Cotterill Margaret Ann Winebrenner permit, File IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ! (If yes give wer or dates of service) e along with f Il-transit permit Elwood Mellor, 1405 N. Charles St. Baltimore No 18. CAUSE OF DEATH [Enlar only one cause per line for (e), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Office DUE TO removal. This certificate should "pending" gave rise to immediate cause DUE TO (a), stating the underlying Examiner' 80 pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? the word 2 Medical NO F plnods ute the certificare, chief Media forwarded to the Chief Media L. DIRECTOR: Page 3 should be buriel, or 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part f or Part f) of Item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. cute the certificate, writing 20c. TIME OF INJURY Month, Day, Yeer 20d. MJURY OCCURRED , 20a, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Steta) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection W. and in my opinion death resulted from: Natural causes Accident Sulcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE. DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE 32 REMOVAL (Specify) Q40 9 O Ellicott City Md St. Johns 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME F.C. Higinbothom, Ellicett City, Md 5M 7/59 MAR 1 6 '61 arthur & Thouse

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2793 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution. Residence before admiss on Filed a COUNTY **b.** COUNTY MARYLAND death. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) bluods d NAME OF HOSP TAL (If not in haspital, give street address) OR INSTITUTION NAME OF First Middle DECEASED (Type or print) DEATH 9. AGE (In years last birthday) 5. SEX 7. MARRIED TINEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) 13. FATHER'S NAME maye tending | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED Day, Year Hour o.m. factory, street, affice bldg., etc.) White Not while at work at work p. m. 21. I certify that I attended the deceased from 3-16 1961 10 3-21 ______ 1961 that I last saw the deceased ____, and that death occurred at 5155 A.M., from the causes and an the date stated above ADDRESS (Street, city or town, state) Reisterst 720. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CITY

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 🖺

> > (Slale)

DATE SIGNED

(County)

24b. REGISTRAR'S SIGNATURE

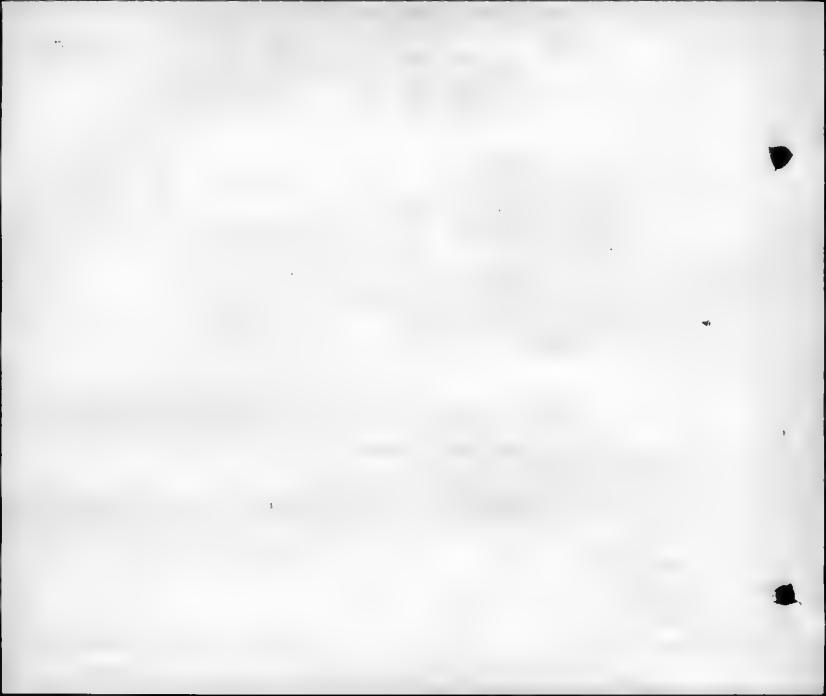
Cirthur S. Krays

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VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE

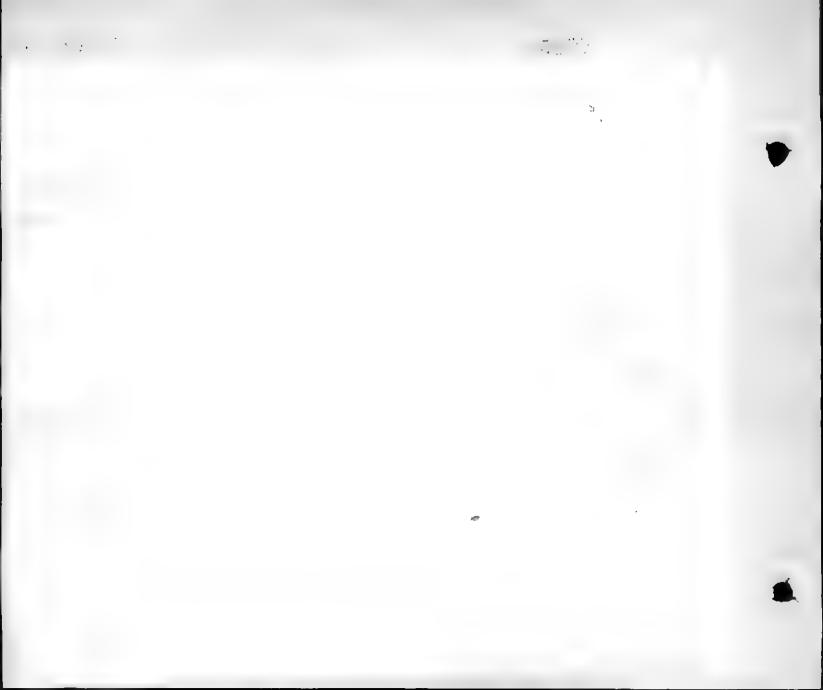


PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEA CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution, Residence before edmiss on 6. COUNTY Baltimo re Mary Land MARYLAND b. CITY OR TOWN (if outs da corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write-RURAL and give naarest lown) director Catonsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS IS RESIDENCE ON A FARM? 3212 Ferndale "venue STATE HOS. ITAL YES NO 3. NAME OF First Middle 4. DATE DECEASED William (Type or print) Mesenzehl March 19 6] DEATH 5 SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS iast b rihday) | Months | Days male white WIDOWED [DIVORCED [10a. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOLE Lary land 3. A. 13 FATHER'S NAME 14. MOTHER'S MA DEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Office along with burial-transit perm Records: unknown 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the undarlying Examiner uscular dies as .. 50 cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cuts the certificate, writing the word 2 Med.cal YES NO 🔣 Chief Medical 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of niury in Part II of Itam 18) On 3-16-01 the ontient Ü PRIMARY | or CONTRIBUTING | pain in left hip; bruising noticed; exact cause ray showed fracture of left pubic and ischial bones. CAUSE OF DEATH ite the certiture is forwarded to the Chier is forwarded to the Chier is page 3 20c. TIME OF INJURY factory, street, off ca bldg., etc.) Not While at work at work 8 : 00 mars hospita Catonsville 28. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1. Inquiry d and in my opinion death resulted from: Accident 😿 Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL 8 DEPUTY MEDICAL EXAMINER EXAMINER'S George M. Kieffer. pluods NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMAT ON. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY DE REMOVAL (Specify) g40 g 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DMENDSON AUF 5M 7/59

LAND STATE DEPARTMENT OF HEALTH



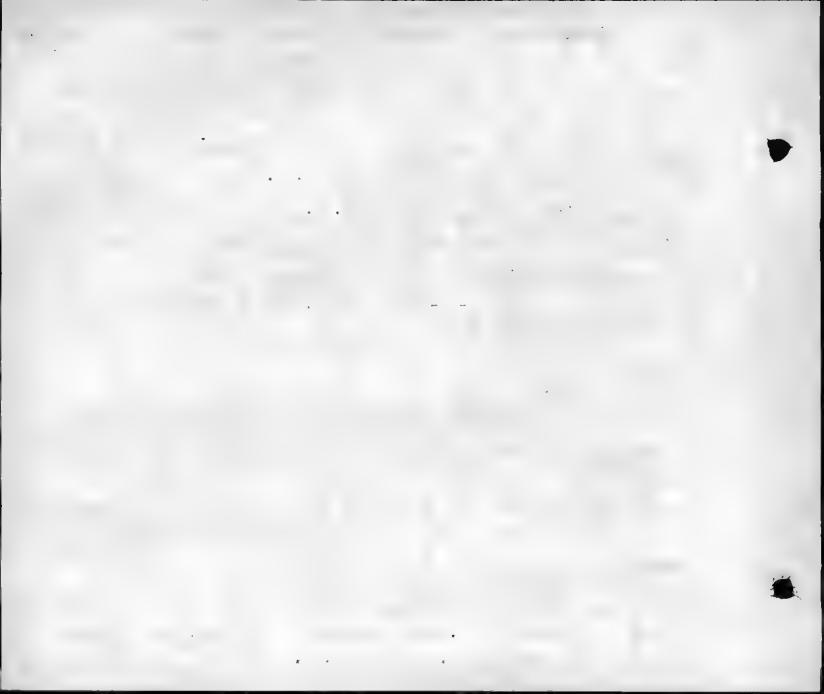
11		DIVISION OF STATIS		DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMO	DE 1 MADVIAND
P E B		279	annual a	TE OF DEATH	02777
funeral should	N	NAME OF DECEASED	4./	2 DATE OF DEA	ATH
Y Ed Se	1	PLACE OF PEAR K	MESZAROS	MARC	1.h 6, 1961
de de de	1,3	PLACE OF DEATH IN BALTIM	ORE, MARYEAND	4. USUAL RESIDENCE (Where deceased lived If institute. A. STATE R. COUNTY	tian residence befare admission)
6 ← F		FULL NAME OF DE HOSPIN HOSPIN OF	RINSTITUTION OVE STREET	MARYLAND	71/2
within milled in Pages		HOSPITAL OR ADDRESS OR LOCATION	-2	c. CITY OR TOWN (If outside city li	mils, write RURAL and give township)
S. Pa		Cotons	ville	BALTIMORE	
Ä	I	11.11. 11		D. STREET ADDRESS (If ruro	, give facotion)
icate be execute	-	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	4405 ANTANA	AVE
and co carbon it, withi		A. J.	WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH 9. AGE [in years lost birthdoy]	H Under 1 Year If Under 24 Hours
and carb	1	TALE WhITE	WIdowed	JUNE - 22-1875 85	Manths Days Haurs Min.
certificate physician remove any even	w.	O.A USUAL OCCUPATION (Give kind rk done during most of warking life, retired)	d of 10s. KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
certif shysic rømc any		COAL MINER	RETIRED	HUNGADN	71. S. A
_ 0 _	13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	u. s. 19.
death and ing	1	Jaseph		71 . 1/2/11/1	
9 2 0	15	Was Deceased Ever in U. S. Armed For	cos? 16. SOCIAL	17. INFORMANT	ADDRESS
at at of	11.0	4/,	dates of service) SECURITY NO.		ADDRESS
	-	// / // // // // // // // // // // // /			05 ANNTONNA AVE
			1.0 4.5	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
The law required aftending physical second signed burial-fransit per large all, cremation, o		DISEASE OR CONDITION D	4	Dielis hala	
ending been si rial-trai	ľ	(This daes not mean the mode of heart foilure, asthenia, etc. It mean injury ar camplication which can	dying, e.g., s the disease DUE TO	Determine the confirmation of the second sec	S'28.1
		injury or complication which con	used death.)		
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YSICIAN hospital of certificate of use as the prior to be		DISEASES OR CONDITIONS, IF A	ANY, GIVING DUE TO		
YSICIA hospital certifical use as rrior to	Z	UNDERLYING CONDITION LAST	(C)(22)	30 10 le a marchantes resissas la	5'0321
led	CERTIFICATION	П			-1
NG PE by the fer this ched fo Health	0	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING	•	
After the stacked	E	TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING IT.	LATED TO THE DE CLARIC		
		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN		B. CONDITION FOR WHICH OPERATION AS PERFORMED	20. AUTOPSY?
OR ATTEN) may be retain DIRECTOR: Should be de e State Dept.	li ovell	PART I ME	W	AS PERFORMED	YES NO
R A1 ry be REC: hould state [certify that (I) (this-hospi	tal) ottended the deceosed from	6-1	7- 1960 in
ON MAN					
		and that in (my) (out) apinion	deoth occurred of	m., fram the couses and on the date stated of	
Page with th		1. 4 2 6 7 Ca 12	2 - 5 the end = 238.	ADDRESS	23c. DATE SIGNED
H. H. FUIY.	24	ATTENDING PHYS 13 MED. DIRECTO	R □ STAFF PHYS.□ · M. D. △ □	Eliterate schiller South W	2 - 2 - 12
	REN	BURIAL, CREMATION, 24B. DATE	24c. NAME OF CEMETERY OF CREM.	ATORY 248. LOCATION (City to	wn, or county) (State)
ပြုနှင့်မြို့	1	BURIAL 3/10	161 FOLV PO	acc One Minal In	7 7 7
YR A15 (4) 15M 9/60	25A	DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25c. FUNERAL DIRECTOR	G W. DA.
13M 7/00		MAR 8 '61 C	Inthun S. Kround	1224 7 3 . 7	ADDRESS
				- Lanners De 21	25 Headle I Am



MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation, Rea. Dist. No. necessary, please extar. Page 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimere MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give negres! lown Dundalk Years Dundalk 22 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Rettman Lane 1915 Rettman Lane YES NO NAME OF Middle First DATE Day Year DECEASED OF (Type or print) James 16 DEATH 19 6/ 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Min. Hours WIDOWED | DIVORCED | white YOU. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) bud Miner Soft Coal West Virginia USA 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME pages Pages James Nelson Mitchem Margaret Evans oge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yai, no, or unknown) Ruby A.Mitchem same as #2 236-05-6094 no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONS AND DEATH AT RE, PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause burial **DUE TO** (a), stating the underlying cause last. pending in iner's Office 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17. WAS AUTOPSY ő PERFORMED? used NO \square 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 3.4 factory, street, office bldg., etc.) While Not while at wark at work writing the nief Medic NR: Page (p. m. 21. I certify that I took charge of the remains described abave, held an Autopsy 🗍 Inspection Inquiry and find that to the Chief DIRECTOR: 1 death resulted from: Natural causes Accident Suicide . Undetermined cause Hamicide . DATE SIGNED ACTUAL SIGNATUR CHIEF MEDICAL EXAMINER FUNERAL ASSISTANT MEDICAL EXAMINER [remaya **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Buria Beckley 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Walter Brooks Bradley, Inc., Dundalk 22, Md .. V5. A15ME(5) SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2797

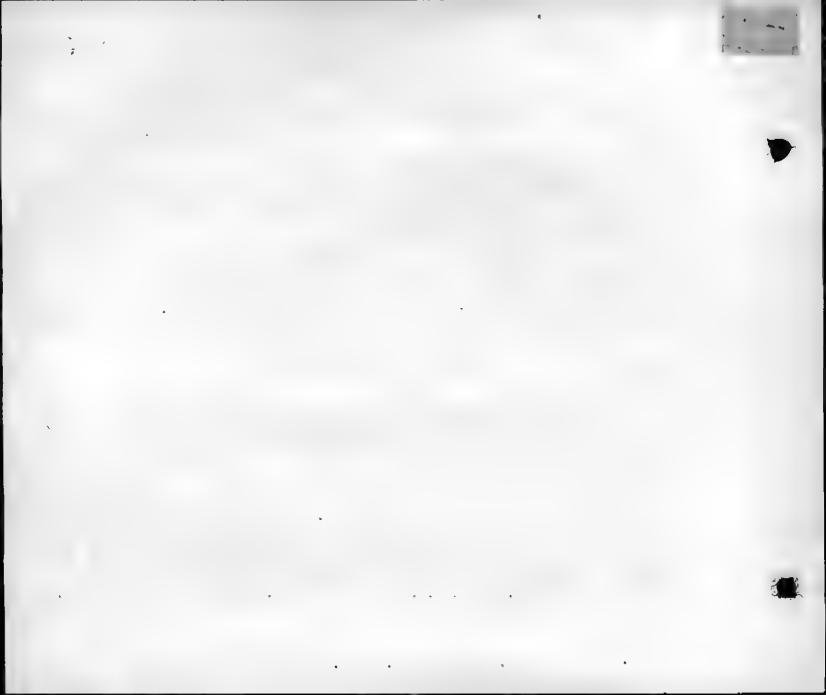
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	PLACE OF DEATH		1 000	Z FILM UZ		USUAL RESIDEN	CE (When	e deceased	lived If instituti		e before o	admission)
	_	altimore		MARYL	AND		ryla	end	B. COUNTY	Dail dail	mana	
	b CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c LENGTH OF STAY !	N 16	c CITY OR TOW	/N (If oul	side corpore	ote limits, write f	RURAL and g	ive neares	it town)
		owson		7 vrs		Bhla	da'Y./-	/ Totals	on Balt	imaua.	2	1
	d. NAME OF HOSPIT	At (If not in hospital, g	ive street			d STREET ADDR	and and		ifton A			IS RESIDENCE
	OR INSTITUTION	tella Mari	e Hoe	mice		Julydde		tVYe√/		V 🗸 a		ON A FARM?
3.	NAME OF	Fir		Middle	18	last	7 - 7 - 7 - 7	4. DATE	Moi	nah.	Day	Yeor
	DECEASED (Type or print)		31	muuts	36			OF DEATH	3		7 1	,
⊢	SEX	Martha 6. COLOR OR RACE	7	NED TO A SEVER ALL A DRIVE		MONIET ATE OF BIRTH			9. AGE (In years	JE UNDER	1 YEAR IE	1961 UNDER 24 HRS
3	367	S. COLOR OR RACE		HED NEVER MARRIE	- LAL	_		'	lost birthdoy)			lours Min
_	F	W	WIDOW		_	11-13-18			91 yrs.	100 01711	1	
10a	during most of work	ON (Give kind of work- king life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUSTRY	11 BIRTHPLACE	(Stole or	r foreign coi	untry)	12 (11)	ZEN OF W	HAT COUNTRY?
	Factory w	orker									US	A
13.	FATHER'S NAME				1	4. MOTHER'S MA	IDEN NA	ME				
	George M	lonmonier					Mary	McMa	igh			
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO	TNAMS				Iress		
Į T Ø	NO.	(If yes, give war or dates of s		none	Q;	ster Mar	our Co	100+0	R.S.M	_ S+	2772	Maris
=		ATH Enter only one co		ne for (a), (b), and (c)-1		S CEI THAT	Y-US	10000	<u> </u>			AL BETWEEN
		TH WAS CAUSED BY.		12 Vo-	trans	1. 1 ch.	1. 01.	8:			ONSET	AND DEATH
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	Conditions, if o		1	Chris	7	Crow or	rous					
	gove rise to i	\ DUE TO)	1								
	lying couse lost) (c	:}	Hac	1) •						
Z	PART II OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO TH	ETERMIN	AL DISEASE	CONDITION GI	VEN IN PAR	1(0) 19.	WAS AUTOPSY PERFORMED?
Į.												ES NO [7]
Ĕ	20a ACCIDENT WA	AS UNDERLYING []	20b. DES	CRIBE HOW INJURY OC	CURRED (inter noture of inj	jury in Po	et 1 or Part	II of item 18)			
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)										
	20c TIME OF INJUR	Y Month, Doy, Ye	ar 20d H	NJURY OCCURRED	20e PLACE	OF INJURY (Hom	ne. form.	20f. (City -	or lows)	10	County)	(Stote)
MEDICAL	Hour a.m.	10	While	Not while		, street, office blo			,	, -		, , , , ,
¥	р. т.	17	oł wor	0	71	w www.		1	S44 #	. 7	4	
	21 I certify tha	it (1) (this hospital	l) attend	led the deceased	from Car	giet light	_, 126	0ta	Much !	3, 196	., that	(I) (we) last
	saw the deceas	sed alive on	0/13	196/ bnd	that debi	th accurred a	11/2/	M, fram I	the causes a	nd an the	date s	tated abave.
	220. SIGNATURE	0.0	75%	,			-,		/			226 DATE SIGNED
		Crouty	. //	Mon	M.D	ATTENDING PHYS	_ MED	ECTOR W	STAFF PHYS.		3/1	1/61
	22c. PHYSICIAN'S					22d. ADDRESS						4, 01
	NAME (Type)	Robert	J. M	lahon, M.D.		60)2 E.	Jopp	a Road.	Towso	n 4.	Md.
234	BURIAL, CREMATIC			23c NAME OF CEME	TERY OR C				ION (City, town,			(Stote)
	REMOVAL (Specify)			11 1 0 1	-201 On C	<u>^</u>	ľ	0	1		A4 2	(31010)
2/	Burial FUNERAL DIRECTOR	3/16/61		HOLY Red	eemer	(enete	AU.	Da	Ltimone	ISTRAR'S SIC	Md	
24,	Cal - 1	M 000	0.0	V V V V	C			8Y REGISTE				
	John A.	Moran 300	0 6.1	Baltimore.	St. Ba	to. DA	ATEMAR	4 4 01	Ch	thun S.	Firaua	

ofter death. Page.4 the funeral director, 2 should be fried with TO HOSPING OR ATTIMENCE FEYSICIANS: The law requires that the death certificate be exacuted within 24 may be to set by the hospital or attending physician.

TO FUNERAZ DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before adm syon) a. COUNTY b. ZOUDYX Ealtimore 12 th MARYLAND b. CITY OR TOWN (if outside corporate limits, and E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ģ write RURAL and give nearest town) .5 Owings Mills yrs.3 mos. Bal timore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Rosewood State Training School 604 South Smallwood 3. NAME OF DATE Midd e DECEASED OF (Type or print) DEATH March Agnes Montague carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR and last birthday) Months DIVORCED January 10. WIDOWED . remale. physician 1Da. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) None None Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbara Bauer Charles F. Montague 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((Ifyes givewar or dates of service) Rosewood records Owings Mills. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO attending gave rise to immediate causa DUE TO (+), staling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hal certificate ZDa. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) Affer this (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ... 20e. TIME OF INJURY 2Df. (City or town) Month, Day, Year factory, street, office bldg., etc.) Not While While at work at work may be refaine DIRECTOR: saw the deceased alive DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSIGIAN'S BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City, town or county) REMOVAL (Specify) OL FUNERAL DIRECTOR'S SIGNATUR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **VR A15 (4)** DATE 15M 9/60

AND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO X

19 61

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

Maryland

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

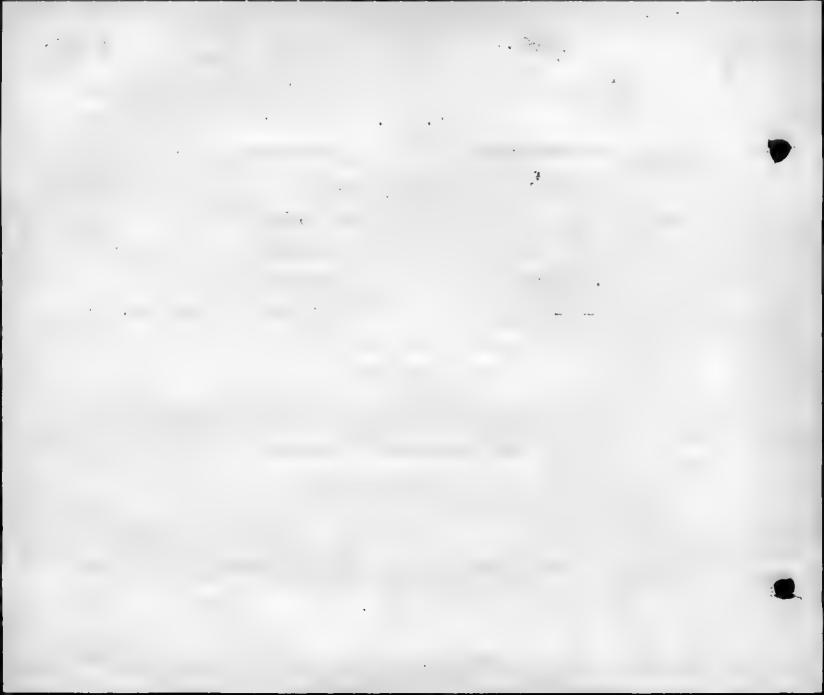
PERFORMED? NO F

(State)

DATE SIGNED

U.S.A?

(County)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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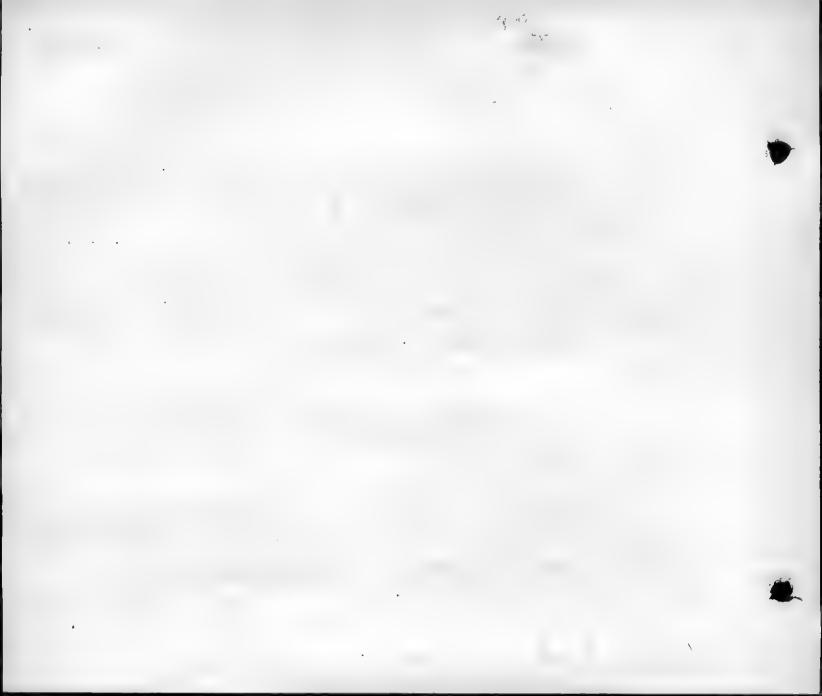
L	4199	CERTIFICAT	E OF DEATH		116401
	o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Mary]	ere deceased lived. If institution Resident and b. COUNTY Balti	te before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cation SVIIIe	LENGTH OF STAY IN 16	Catons vil	utside corporate limits, write RURAL and g .le	ive negrest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or institution GROVE STATE HC	oddress) SPITAL	d. STREET ADDRESS	ndson Ridge Rd.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Hattie	Middle Anna	Last Moody	4. DATE Month DEATH March 24	Day Yeor 19 61
	female white www	ED DIVORCED	May 30, 189	1 lost birthday) Months 69 yrs.	1 YEAR IF UNDER 24 HRS Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working ife, even if retired) housewife	KIND OF BUSINESS OR INDUST	Germany	U.	ZEN OF WHAT COUNTRY?
	13. FATHERS NAME unknown		14. MOTHER'S MAIDEN N		
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no or unknown) (If yes, give war or dates of service UNKNOWN)	7	cords: SPRIN	Address IG GROVA STATE HO	DELTAL .
	420.0 DUE TO	ngestive heart		9	
	PART II OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UIF ETHER, NOTIFY MEDICAL EXAMINER)	Obesity			1 1(0) 19. WAS AUTOPSY PERFORMED? YES 2. NO
		SCRIBE HOW INJURY OCCURRED.			
	20c. TIME OF INJURY Month, Doy, Year 20d. I While of wo	Not while fact	CE OF INJURY (Home, farm ory, street, affice bldg., etc.		County) (State)
	7017 1110 00000000 01110 01111111111111	ded the deceased from	March 9	March 23106. M. from the causes and on the	date stated abave
	220 SIGNATURE Sulla WO	ichiler "		ED STAFF RECTOR PHYS	226. DATE SIGNED 3-24-61
	22c PHYSICIAN'S NAME (Type) Stella Wac	holer, M. D.		PR_NG GROVE STATE	HOSPITAL
	230 BURIAL, CREMATION, 23b. DATE THEREOF BURIAL 3-27-1961	23c. NAME OF CEMETERY OR Meadowridge		23d. LOCATION (City, town, or county) Howard County	Md • (Stote)
	Me Raby Tun Hom Frede	ADDRESS Prick & Wade Ave		D BY REGISTRAR 256, REGISTRAR'S SIG	

the attending physician and campletely filled and the funeral director. Then please remave carbon papers. Pages 1 and 2 should be filed with D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hampy be the day the haspital or attending physician.

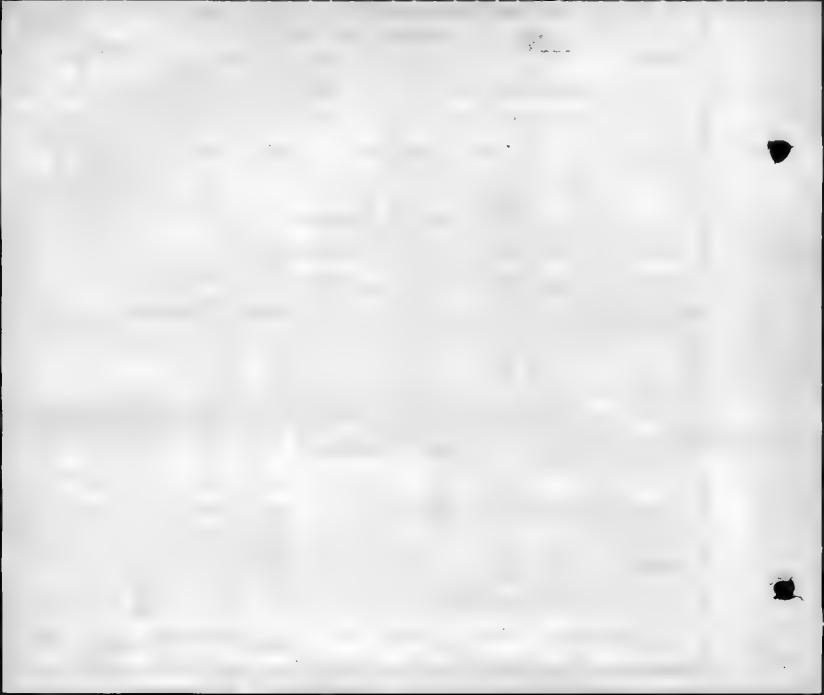
D FUNERE: DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. TO FUNERE TO HOSP!

after death Page 4

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2801

02783

I	1. PLACE OF DEATH ° COUNTY Baltimore MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Baltimore
1	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Baltimore	1	Baltimore
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS e IS RESIDENCE ON A FARM?
k	4312 Highview Ave. #2	9	4312 Highview Ave. #29
	3 NAME OF First Middle		Last 4. DATE Month Day Year OF
	(Type or print) Mable E. Morgan		DEATH March 10, 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: lost birthdoy) Months Days Hours Min.
	female white WIDOWED & DIVORCE	D 🔲	Oct. 13,1885 75 yrs.
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Of during most of working life, even if retired)	R INDUS	STRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY
	housewife		Baltimore, Maryland U. S. A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	Samuel L. Thomas		May Carson
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	. 17. IN	FORMANT Address
	(Yes, no, or unknown) (If yes, give war ar dates of service) none	Mr	s.Eleanor Herion 4312 Highview Ave.
	couse (o), stoting the <u>under-lying couse lost.</u> DUE TO (c)		Onset and Death Cardio Vascular Disease 10 years NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPS' PERFORMED?
	[A]		YES NO
	OR CONTRIBUTING CAUSE OF DEATH	CCURRE	D (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work p. m. 19 of work of work		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State of the property
			leath occurred of 22AM, from the causes and on the date stated above
	20 SIGNATURE AND S. Mabell		ATTENDING MED STAFF SIGNE PHYS DIRECTOR PHYS D
	NAME (Type)	# T	
	James. R. Grabill, M	1. D	. 5550 Baltimore National Pike
	23g BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEM	ETERY O	
	Burial 3/13/61 Loudon	Par	k Cemetery Baltimore, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		250 PECIN BY PEGISTRAR 256 REGISTRAR'S SIGNATURE
	Howard H. Hubbard 4107 Wilkens	S AT	MAR 1 3 '61 arthur S. Thous

in the funeral director, and 2 should be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers Pages 1 of the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 haurs ofter death. TO HOSPIT

s after death. Page 4

VR A15 (4) 1SM 9/S9



1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
		2802 CERTIFICATE OF DEATH Reg. Dist. N.	.02784
roge 4 director, filed with		1. PLACE OF DEATH O. COUNTY B. J. T. A. C. C. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence bell of STATE b. COUNTY B. COUNTY B. C. COUNTY D. C. COUNTY D. C.	fore admission)
death. unerol d Id be fil	A	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	rearest fawn)
Funda Funda		LANS do WNE LANS dOWNE	
ors off	Y	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 216 CLude Ave. 216 CLyde Ave.	e IS RESIDENCE ON A FARM? YES NO
illed illed	-	DECEMBER OF A Thomas 1/8	Day Year 196/
within etely fi i. Page			AR IF UNDER 24 HRS
cured ampl apers	Ė		OF WHAT COUNTRY?
and c	3	Housewife BALTO. Md. U.	S. a.
cian c	T	13. FATHER'S NAME RICHARD NICHOLSON MARCI MILLOR	
physician			CLYdeA
in Cer Se re	7 = 7	MR. LEE MORRISON LANS	downe
deol plea plea		PART I, DEATH WAS CAUSED BY:	NET AND DEATH
The c		DUE TO	/ year
a in the second	, de	Conditions, if any, which (b)	* *
signe signe	<u> </u>	code (o), stating the under-	es J
ysicio peen been frons		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
o phy has		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	YES NO P
AN: endin ficate the b		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
l or ath		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. m. P. m. 19 of work of work of work	y) (Stote)
Spite frer if	5	21. I certify that I offended the deceased from James 1960, ta thank 10, 1961, that I last s	saw the deceased
he he loche de loche		alive on March 7, 186/, and that death occurred at 7 A.M. from the couses and on the d	ote stoted abave.
ed by I	<u> </u>	ACTUAL Man Steiner M.D. 3912 Holling ADDRESS (Street, city or town, stote)	DATE SIGNED
should		PHYSICIAN'S MORRIS N. STEINBERG Landdone 271.	nd
may be boge 3		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 13/13/196/New CAThedral Core Balto. Md.	(State)
2 2		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	URE
VS A15 (4) 15M 9/55	*	35/2 FREEDER + AUG (29)	A
		35/2 TREOSERICH AUP (29)	



e. IS RESIDENCE

clay

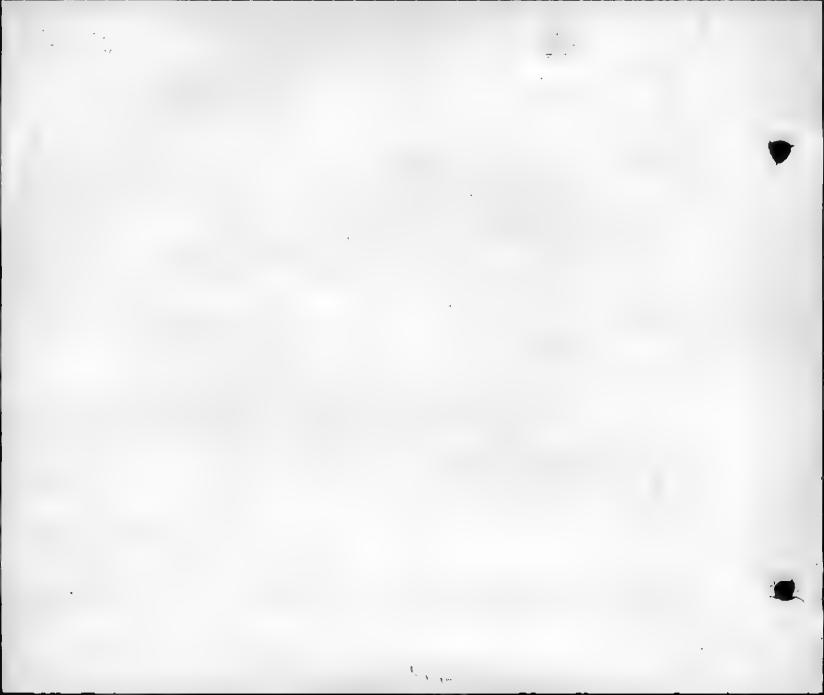
PERFORMED? NO 🗗

(State)

DATE SIGNED

(Stote)

ON A FARM YES NO X



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Bal timore Maryland Raltimore b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Overlea Overlea d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IX Elmont Ave. Elmont Ave. NAME OF First M.ddle 4. DATE Month Year DECEASED William HA Mueller 22, (Type or print) DEATH March 19 61 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last birthday) Months Davs Hours Male White WIDOWED [7] DIVORCED [YES. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Electiracl Electrician Balto. Md. II S A 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Christina Unknown Mueller Jacob 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address D'es, pp. or unknown) Louis C. Willoughby Rd. No Mueller 31035 18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT COND TIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 79, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20f (City or tawn) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (State) Day, Year factory, street, affice bldg , etc.) Haur a.m. While Nat while at work at work p. m. 1961 to Men 22 196/ that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. The (2) and that death accurred at [A,M, from the causes and an the date stated above saw the deceased alive or 220 SIGNATURE 22b DATE ATTENDING PHYS SIGNED DIRECTOR [STAFF M.D PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Raltimore Ral timore 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25h REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR MAR 2 4 '61

director, iled with after death. Page be filled funeral ploods filled Pages death. campletely 듬 paper haurs pup pou physician attending Ъ. emayal permit Bued burial-transit haspital ar attending physician cremation, After this certificate detac

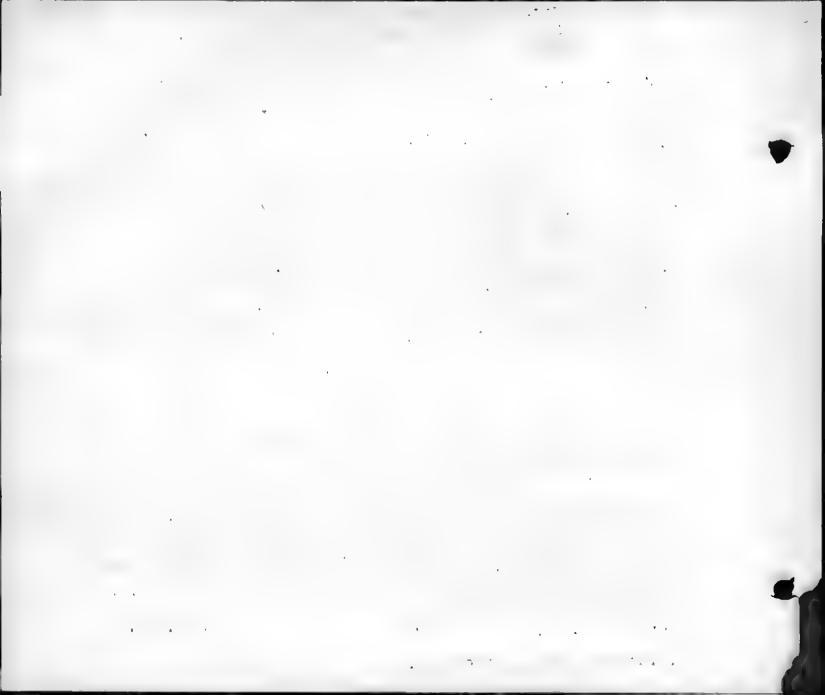
MASS TO HOSPITATION ATTEN MAY BE CONTROLLED BY THE CONTROLLED BY T

to

Board



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12787)
(M)	2805 CERTIFICATE OF DEATH Former - 268 N. Halton.
filed with	1 PLACE OF DEATH a. COUNTY MARYLAND 2 USUAL RESIDENCE [Where deceased lived If institution: Residence before admission] b. COUNTY b. COUNTY
Id be fi	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town)
# C 1 5	d NAME OF HOSPITAL (If not in haspital, give street address) OR MSTITUTION AUSTRAL (If not in haspital, give street address) OR MSTITUTION AUSTRAL DORESS ON A FARM? YES \[\] NO \[\]
filled in ges 1 ond	3. NAME OF DECEASED ANELIA CATHERINE BUHLY OF DEATH March 7/ 1961
ete i	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH France WIDOWED DIVORCED Married 1 9 AGE (In yoars If UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Haurs Min.
compl papers oth.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
physician and smave corbon hours ofter de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
g physic remave 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? HASOCIAL SECURITY NO. INFORMANT [Yes, no. or unknown) [If yes, no we war or dates of service) [If yes, no war or
an. n signed by the attendin sit permit. Then please nd in any event within in	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under: lying cause last. (c)
I physici has beer rial-tran maval, a	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
ifficate ifficate the bu	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port Is of I tem 18)
al or of this certification of the certification of	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While at work at wore work at
by the haspit CTOR: After e detached fa r ta burial, cr	21. I certify that I ottended the deceased from - & / > 5 , 19 6 0, to Shear 21 , 19 6 that I last saw the deceased alive on March 20 , 19 6 , ond that death occurred at 320 ! M, from the causes and on the date stated above. ACTUAL
At DIRECTOR	PHYSICIAN'S Earl L. Chamber 406 Liberty Hts. Batta-md -
FUNER oge 3 s	22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 3/24/61 Tompaniel 22c NAME OF CEMETERY OR CREMATORY Bulto. Md
A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE
M 9/58	P.A. Heemann 6067 Harford Rd. DATEMAR 28'61 Orthug & Kinns



BALTIMORE 1. MARYLAND Item 18, Film PLACE OF DEATH USUAL RESIDENCE (Where decreesed lived, If institutions Res dence defore admiss on) Page e. COUNTY is necessary files, MARYLAND b. CITY OR TOWN (if outside corporate lim ts c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. YOUR write RURAL and give neerest town 40 Upperco MUTION (if notein hospital, give street address) ò d. NAME OF HOSPITAL OR IN d. STREET ADDRESS IS RESIDENCE e 80 ON A FARM? Emory Church Road refained State YES NO 3. NAME OF M ddle 4. DATE Month DECEASED OF the (Type or print) DEATH March 8 B. DATE OF BIRTH IF UNDER 24 HRS. OR RACE 7. MARRIED NEVER MARRIED TO AGE (In years IF UNDER) YEAR 2, and 3 ge 5 may 72 hour !- Firthdey} WIDOWED | 1 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 8. Give Pages 1, U.S. Maryland Maryland State Police pages 1 within form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hoffman Marvin Grace Myers permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | [Ifyes give wer or detex of service] Mr. Marvin Myers, "pperco, Md. in pencil in Item 1 Office along with This certificate should be exempted 18. CAUSE OF DEATH | Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN I-fransit ONSET AND DEATH ertensive cardiovascular dis. PART I, DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) removal, DUE TO burial Conditions, if any, which (b) gave rise to immediate cause Examiner's "pending" DUE TO (a), stelling the underlying IQ IQ cause lest. nsed cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART SEC CERTIFICATION 19, WAS AUTOPSY PERFORMED? 8 the word NO Medical plnous 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY [] or CONTRIBUTING [] age 3 shor CAUSE OF DEATH. execute the certificate, writing be forwarded to the Chief RAL DIRECTOR: Page 3 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Not While Hour a.m. et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Accident Undetermined manner Natural causes Suicide Homicide DIREC CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAMINER X DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEL 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stelle) REMOVAL (Specify) Carroll 40 Emory Church Burial March Cemetery 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME MAR 9 161 arthur & Kraus J.F. Eline & Sons, Reisterstown, Md. 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be in field by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death. TO HOSPITAL may be r

V\$ A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2807 CERTIFICATE OF DEATH

Reg. Dist. No. ()2789

1. PLACE OF DEATH G COUNTY		2. USUAL RESIDENC	E (Where deceased li	ved. If institution- Resid	denge befare admission)
Saltimore Co.	MARYLAND	o. STATE	200	b. COUNTY	delto.
	LENGTH OF STAY IN 16	c. CITY OR TOWN	1 (If autside corporate	e limits, write RURAL an	nd give nearest town)
KINGGVILLE	20 YRS.	XKINGS	SVILLE	Mr.	
d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION	Iress}	d STREET ADDRE		1.10	e. IS RESIDENCE
BOX GG7 KINGSVILLE	Mp.	Box 667	7		ON A FARM? YES NO-
3. NAME OF DECEASED (Type or print)	Middle	Vez/lost	4. DATE OF DEATH	Marih	Day Year 2-5 1961
S. SEX 6. COLOR OR PACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE fin years IF UND	ER I YEAR IF UNDER 24 HRS
F WIDOWED [July 29.	1910	dast birthday) Manth	Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	ID OF BUSINESS OR INDU	STRY 11. BRIHPLACE	Slate ar fareign coun	try] 12. (CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	ousewife	Kent	ncky		US A
13. FATHER'S NAME		14. MOTHER'S MAIL			
Eval Harber			Hohn .	Lula Bowder	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	CIAL SECURITY NO 17.	NFORMANT		Address	
	36-34-0897	John Neal	Pax 66	7 Kingsvill	e Md.
18. CAUSE OF DEATH [Enter only one cause per line for	ar (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ncex le	ct Adr.	e42/		ONSET AND DEATH
DUE TO					1271)
Conditions if may which I					
gove rise to immediate					
cause (a), stating the under-					
lying cause lost. (c)					
PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE C	ONDITION GIVEN IN P.	ART 1(a) 19. WAS AUTOPSY PERFORMED?
<u> </u>					YES NO
200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D (Enter nature of injui	ry in Part I at Part II	of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d, INJUI	RY OCCURRED 20e. PL	ACE OF INJURY (Home,	form, 20f (City or	town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJUING Hour v. m. 19 01 work	Not while fac	tory, street, office bldg	, elc.)	•	(400.07)
		20/10.	A 1	/. / .	
21. I certify that I attended the deceased	2	, 19 <u>5 (</u> , ta	40		I lost saw the deceased
alive on M2x Ch 24, 196/	, and that death	occurred at 5	_M, from t	he causes and on	the date stated above.
LACTURE L'ID.	T	/ .	ADDRESS (Stree	l, city or lown, state)	DATE SIGNED
SIGNATURE William (1.	1 mon	M.D	45 VIII C	Md.	3-25-61
PHYSICIAN'S NAME (Type)		1	0	,	
220. BURIAL, CREMATION, 226. DATE THEREOF 2	2c. NAME OF CEMETERY O	R CREMATORY	22d LOCATIO	N (City, tawn, or county	r) (Stote)
DESIGNATE (Consider)	GREED. HIL		1. /	_	3-111
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REC'D BY REGISTRAL	ESBORO. 1	SIGNATURE
A 011	OI Belain Rd	77 60 0			S. Kraus
Lassalle tuneral (tome 140	31 merous con	DAT	EMAR 29 61	C my	A. Topina



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission PLACE OF DEATH . COUNTY . STATE Maryland **b.** COUNTY Baltimore by the MARYLAND b. C.TY OR TOWN (if outside corporate similars, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs de corporete limits, write RURAL and give neerest lown) write RURAL and give naarest town) Fort Howard 6 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give streat eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital Presbury Street YES NO 3. NAME OF DECEASED OF (Typa or print) DEATH THOMAS NELSON 19 March 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours Ma.le Colored WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) physica Waiter Hote1 Ellicott City, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Ξ aftending Thomas Nelson Cora Barnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16 SOCIAL SECURITY NO 1 Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) ((fyes give we ror detes of service) 0 Fort Howard Division 18. CAUSE OF DEATH (Enter only one couse per line for (e., (b), end (c)) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. RECENT IMMEDIATE CAUSE (+) BRONCHOPNEUMONIA **DUE TO** UNKNOWN ARTERIOSCLEROTIC HEART DISEASE Conditions, if eny, which gave rise to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ACUTE PANCREATIC NECROSIS - RECENT NO F 200 ACCIDENT WAS UNDERLY NG DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part I of item 18.) ā (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Month, Day, Yeer 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc. While Hour a.m. DIRECTOR: et work at work March 20 the deceased alive on... ATTENDING ALED: STAFF SIGNED DIRECTOR PHYS. 20/61 FUNERAL 22d. ADDRESS BALTIMORE 18, MARYLAND, FT. HOWARD DIV. director, I 23a. BURIAL, CREMATION, 23b DATE THEREOS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Baltimore 28, Maryland Baltimore National 0 258. REGID BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) N. Calhoun 15M 9/60 arthur & Hires George G. Kelson DATE

MARYLAND STATE DEPARTMENT OF HEALTH





CERTIFICATE OF DEATH 2810 Reg. Dist. No il director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Da Timore funeral CITY OR TOWN (flautside corporate imits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest Jown) shauld ORa KURA the d. NAME OF HOSPITAL (If not in hospital give street address d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 3 C 16 YES NO K Vancels oud NAME OF 4. DATE First Middle Losi Month Year filled DECEASED OF Pages (Type or print) DEATH 1ºCC 196 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) ete Months WIDOWED 🔀 DIVORCED [popers. 100. USJAL OCCUPATION [Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? death. during most of warking life, even if retired) USA. puo puo Housewitz . zechoslava Ki g after (13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME COL physician hours remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO **INFORMANT** Address Ç. 044 MO attendi ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO guy Canditions, if ony, which permit. gned gove rise to immediate DUE TO cause (a), stating the underpuo lying cause lost. physician. as the burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMED? removal, YES 🗍 NO 🕽 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I ar Part II of item 18) certificate ŏ crematian, MEDICAL 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame farm,) 20f (City or lown) -Year (County) (State) foctory, street, office bidg. While Notworle After this 19 p/m of work of wor attended the deceased from that I last saw the deceased detached death occurred at______ alive on and _M, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATUR ă should PHYSICIAN'S NAME (Type) the registrar TO FUNERAL (7) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22d, LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY & (State) page REMOVAL (Specify) Holy BuRla 23 FUNERAL DIRECTOR'S SIGNATURE **ADDREŠ** 24g, REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE Orthur S. Hours 900 h. VS A15 (4) DATEMAR 2 7 161 15M 9/58

certificate

requires that the

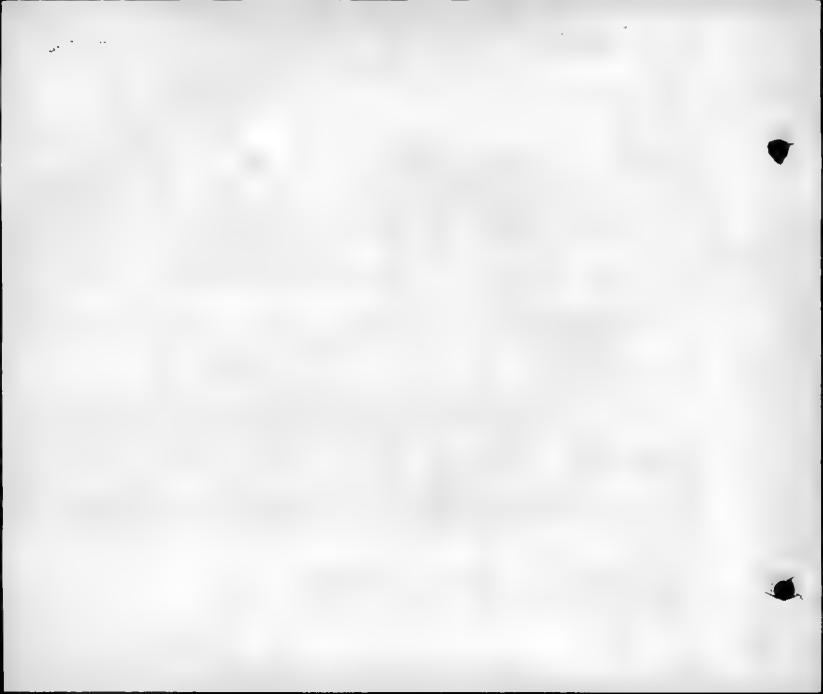
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No ematic 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND 1.1+7.75.40 b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) 0 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 1 pour YES NO NAME OF DATE Middle Year DECEASED OF {Type or print} DEATH 25 196 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8, DATE OF BIRTH 1894 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Min. Days WIDOWED [DIVORCED [" yn. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? PN. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per une for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY: Se IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which] gave rise to immediate cause ong **DUE TO** (o), stoting the underlying couse lost pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 20 PERFORMED? used YES 🗍 NO 🗀 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Not while d. m of work at work p. m. Inspection I Inquiry 4 and find that 21. I certify that I took charge of the remains described above, held on Autopsy ... to the Ch'ef DIRECTOR: F deoth resulted from: Natural causes 7. Accident 1. Suicide . Homicide . Undetermined couse . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER farwar 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Chrima & Flours DATE . AR 2 8 '61 5M 9/55

DEPL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



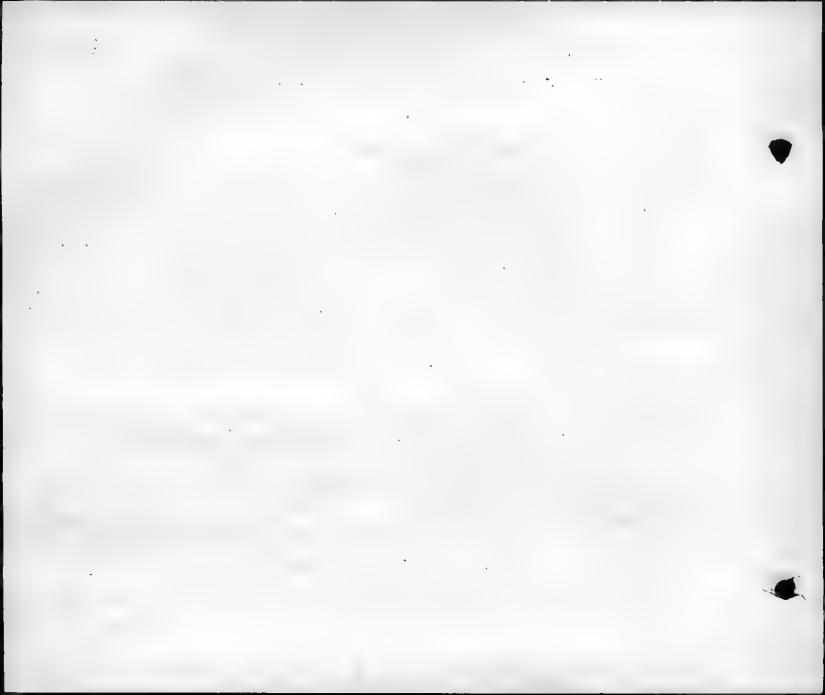
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2812

02794

1, PLACE OF DEATH	D-244		- II - A	SUAL RESIDENCE (W	here decease	d lived. If instituti		ce before o	dmission)
	Baltimore	MARYLAN	4D	Maryl	and	D. COUNTY	Bal	timor	е
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, write arest town)	c. LENGTH OF STAY IN	1b 5	CITY OR TOWN (IF	outside corpo	orate limits, write R	tURAL ond	give nearest	lown)
Catons	,	15 yrs.			Cato	nsville			
d NAME OF HOSPITA OR INSTITUTION	As (If na) in haspilat, give street	address)		I. STREET ADDRESS					S RESIDÊNCE ON A FARM?
	60 Mellor Ave	nue		60 N	ellor	Avenue		YE	ES NO
3. NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mor	rth	Day	Year
(Type or print)	Laura	Isabella	Pe	ddicord	DEATH		Marc	h 26,	19 61
5. SEX	6 COLOR OR RACE 7. MARE	RIED TO NEVER MARRIED	B. DAT	TE OF BIRTH		9. AGE (In years last birthdoy)	Months		UNDER 24 HRS
Female	White wipowi	DIVORCED] Se	pt. 8, 186	5	95 yrs	Monnis	DOYS I TH	OUTS MIII
10a USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11 BIRTHPLACE (Stole	or foreign o	country)	12, CITI	ZEN OF WH	HAT COUNTRY?
Textile worl		Woolen Mill		Maryla	.nd			U.S.	A.
13. FATHER'S NAME			14	MOTHER'S MAIDEN					
	Benjamin Ship	ley			Mary (Carroll			
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	7 INFORM	IANT		Add	ress		Md.
No		<u> </u>	Mrs.	Joseph Fra	nce 60	O Mellor	Ave.	Caton	sville,
	TH [Enter only one couse per li	ne far (a) (b), and (c).]	/ /	la V				ONSET	AL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Drinch	1/2/	FARUL	noni	'ব			
4220	DUE TO	Dece	" ,	, , , ,					
Conditions, if or		129 m	crat	IYL ME	drt	Dise.	45 Z		
gave rise to in cause (o), stating t							·		
lying cause lost.) (c)			:					
	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PAR	J 1(a) 19. V	WAS AUTOPSY ERFORMED?
	cinone 1Ct	12115		1/85/10/0	my.	71 No 15	190	YE	S NO
	S UNDERLYING 20b. DESI CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCL	JRRED. (Ent	er noture of injury in	Port /ar Pa	ri (i of stem 18.)	′ /		
				F INJURY (Home, fornstreet, affice bldg., et		y or town)	1 10	County)	(State)
Hour a.m.	19 White at war	k at work	racialy,	1058		2/1/	1/1	/	
21 1 certify that	t (I) (this haspital)_at/end	led the Alexensed fro	am	19000	ta	2/36	7 9	that	(1) (mg) last
saw the decease	2/1	/ / / /		accurred 300	M feetin	the follows of	nd on the		3 7 1 7
220 SIGNATURE	Vin TV	100	\ dedili	dictoricas and 3		the cooses of	IG ON THE	dule si	7225 DATE
	19 1 Yhis		M.D.		IED	STAFF PHYS.	3	1281	6/SIGNED
22c PHYSICIAN'S NAME (Type)	W.E mi	Grath	no	22d. ADDRESS / 3 /	Fred	erick (59	(2-1	2
23a. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c NAME OF CEMETER	RY OR CRE	MATORY	23d. LOCA	TION (City, town,	or county)	~0	(State)
REMOVAL (Specify)	3/29/61	Lorraine				odlawn, l		nd	,/
24, FUNERAL DIRECTOR'S		ADDRESS		250 REC	D BY REGIS		ISTRAR'S SI		
Ensto. 74	insulate Tha	Catons	ville	, Md. DATEA	R 3 '6	31	P	41	

. 3 .

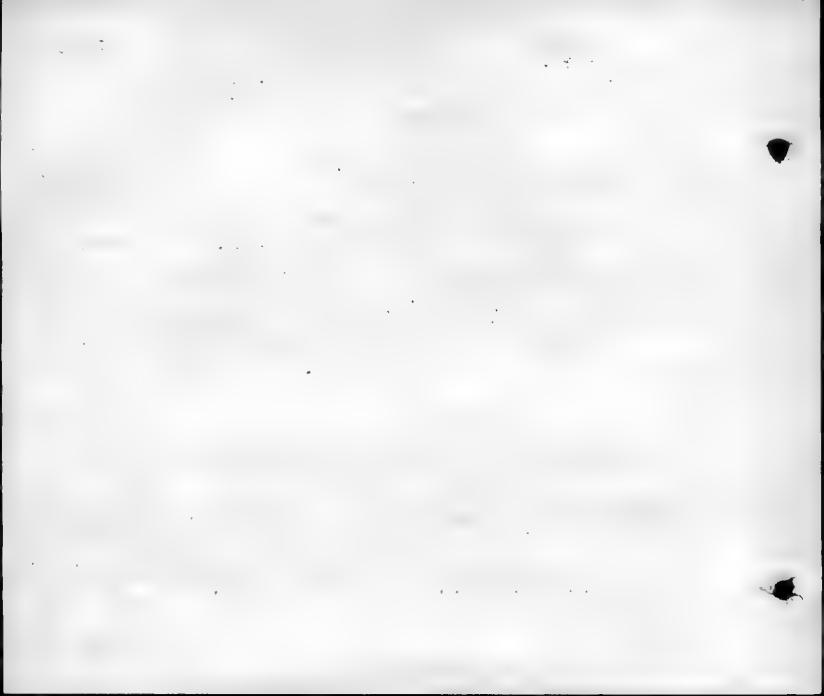


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

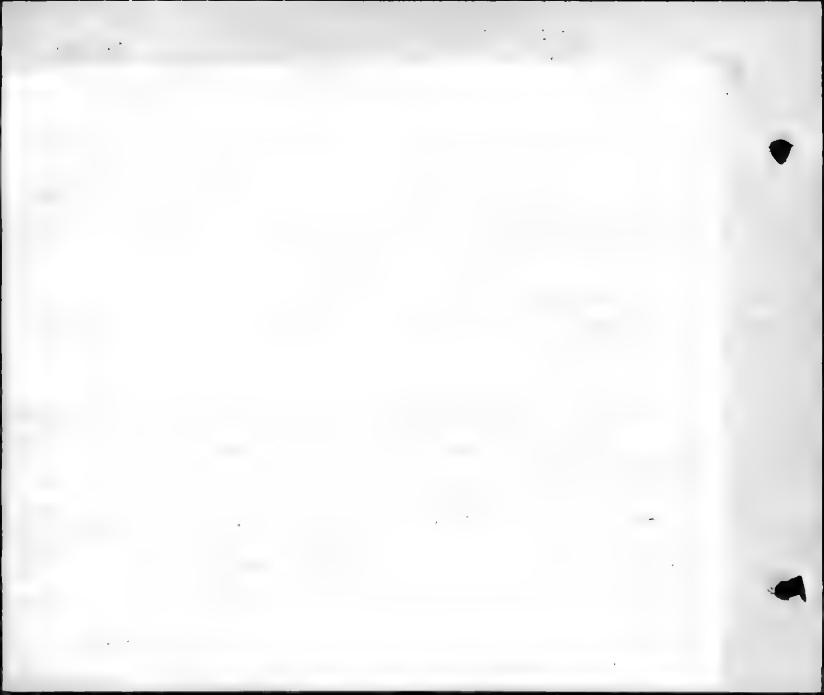
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

		2813 CERTIFICA	ATE OF DEATH	02795
	1. F	LACE OF DEATH COUNTY CLEAT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence: STATE) b. COUNTY	ce before admission)
	Ŀ	CITY OR TOWN (if outside corporate limits, write RURAL and give neorest town) 11.00.11.10.12.1.5.4.5.5.4.0.	c. CITY OR TOWN (If outside corporate limits, write RURAL and a	give nearest town)
		I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?, YES NO D
	- (IAME OF PICEASED (First BLAINE) WILLIAM - BLAINE	-PHILLIPS OF DEATH THE CET	Day Yeor 1964
	5. 5	711 W WIDOWED DIVORCED	B DATE OF BIRTH 3-22-/855- 9 AGE (In years lost birthday) 76 yrs. If UNDER Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	71 Cankina 1	ZEN OF WHAT COUNTRY?
		Lacepet 20 Phillips	14. MOTHER'S MAIDEN NAME OF YORK & 7 (C. C. of O-Va	
	15/	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL/SECURITY NO 17 no or unknown 21/16 yes, give war or dates of services 21/7-16-24937/	Marie Danason - Graence	count The
		1B. CAUSE OF DEATH [Enter only one couse per imp for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)	Thrombons	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate (b) arterial - Ic	lusti C-V Dreese	5410.
	7	couse (a), stating the under- lying cause lost. (c)		
į	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE		PERFORMED?
	A CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)	
!	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at work	PLACE OF INJURY (Home, farm, 20f. (City or town) (ractory, street, affice bldg., etc.)	County) (Stote)
			death accurred at Q M from the causes and an the	, that (I) (we) last e date stated above.
,		235 GNATURE C. Sarter field	M.D. ATTENDING MED STAFF DIRECTOR PHYS	3, 2-9, 6)
,		22c. PHYSICIAN'S NAME (Type) M.C. Porterfield, M.D.	Hampstead, Md.	
, 1	23a		account blistall be	() Made
	244	PANERAL DIRECTOR'S GIONATURE HOLLINGTON ADDRESS.	DATE DATE 250. REGISTRAR 256 REGISTRAR'S SIG	GNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) the 4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) B. COUNTY E LANK FULL NAME OF BALTIMORE pg HOSPITAL OR INSTITUTION (If outside city limits, write RURAL and give township) complete (If rural, give location) Reachfield ave. 6. COLOR OR RACE carbon 5. SEX SHOOTE, MARRIED 9. AGE (In years last birthday) If Under 24 Hours WIDOWED, DIMERBED (Specify) physician and Months Hours Davs 10.A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) гетоме 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? RETIRED OUSE WORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no or enknown) (If yes, give war ar dates of service) hospital or attending physician. cartificate has been signed by the r use as the burial-transit permit. T 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foiture, asthenio, etc. It meens the disease, injury ar camplication which caused death) **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. may be retained by the h DIRECTOR: After this of 3 should be detached for OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IF OPERATION WAS RELATED TO 19s. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? CAUSE OF PEATH ENTER IN 22. I certify that (I) (this haspital) attended the deceased from_____ 3 - 1 - 19.67 that (1) (we) lost saw the deceased alive on_____ death 4 m TO PUNERAL D director, page 3 be filed with the and that in (my) (but) opinion death occurred of 3, 27, m., from the couses and on the date stated above. 23s ADDRESS 23c. DATE SIGNED ATTENDING PHYS I MED DIRECTOR [] STAFF PHYS T 244, BURIAL, CREMATION, 24s, DATE .24c. NAME OF CEMETERY OR CREMATORY VR A15 (4) 15M 9/60 25A. DATE REC'D BY HEALTH DEPT MAR 6 '61 Christing S. Haus

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNE TO HOSP

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

~	OTO	GERTHIO			<u> </u>
1. PLACE OF DEATH o. COUNTY Baltin	nore	MARYLAND	- STATE	ere deceased lived If institution: Residence Road b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside of	corporate limits, write	c. LENGTH OF STAY IN 16	1	outside corporate limits, write RURAL or	nd give negrest town)
RURAL and give negrest town	n)	9-28-155	Baltimore		,
d. NAME OF HOSPITAL (If not	in hospital give street		d. STREET ADDRESS	To, rid,	+ IS RESIDENCE
or Helay Hill	Hospital			3 UF	YES NO DE
3 NAME OF DECEASED (Type or print) Fred	erick E	rune Randa	last	4. DATE Month OF March	14 · 61
		RIED NEVER MARRIED	B. DATE OF BIRTH		DER TYEAR IF UNDER 24 HRS
male w	hite WIDOW	DIVORCED	12-3-1885	75 yrs. 3	Doys Hours Min
100 USUAL OCCUPATION (Give	kind of work dane 10b.	KIND OF BUSINESS OR INDU		or foreign country) 12.6	CITIZEN OF WHAT COUNTRY?
during most of working life, a	even if refired)	Retired	Poltimor	o Co Ma	U.S.A.
13. FATHER'S NAME	<u> </u>	re or roa	14. MOTHER'S MAIDEN N	e Co., Md.	U.U.A.
Blanchard Ran	dall Sr.		Susin B		
15 WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO. 117 I		Address	
(Yes no or unknown) (if yes give	wor ar dates of service)		er: Mrs. Bess		
				oad, Baltimore 18	Ma
1B. CAUSE OF DEATH [Enter				/	MOUTERVAL BETWEEN
IMMEDIA	ATE CAUSE (o)	ORORAPY	Cole	LSION	1-MYC01274
1 . 70 1	DUE TO		,		
Conditions, if any which	h) (b)	Theres c/	EROSKS		Many Yege
gave rise to immediate couse (a), stating the under					
lying couse lost.	(c)				
PART II OTHER SIGNI		CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN F	PART 1(e) 19 WAS AUTOPSY
PART IF OTHER SIGNI					PERFORMED?
	LYING TI ZOL. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of item 18.1	1.00
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL			, , ,		
20c. TIME OF INJURY Month Hour o. m, p. m		ž.	ACE OF INJURY (Hame, farm clary, street, affice bldg., etc.	, 20f. (City or town)	(County) (State)
∑ p. m	19 While of wor	NOT WILLS	and y and an analysis of a	Smarch	
2) I contify that (I) (th	is hasnitall attend	led the deceased fram.	Sent 78 10		961, that (I) (we) last
saw the deceased aliv				M, from the causes and an	
220 SIGNATURE	Mulh	in and that	death accurred at a 2	M, from the causes and an	22b DATE
	رد روا		ATTENDING MI	ED STAFF RECTOR X PHYS	SIGNED
22c PHYSICIAN'S	-	employ	M D PHYS DI	RECTOR LAS. PHYS L	
NAME (Type) LEW	is P. Gundi	y, M.D.			
			Relay 27	Md.	
23a. BURIAL, CREMAT ON, 23b. REMOVAL (Specify)	DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town, or count	(Stofe)
Burial 3	/6/1961	Green Mount	Cem.	Baltimore.	Maryland
24 FUNERAL DIRECTOR'S SIGNAL		ADDRESS TO SOLD TO	7	D BY REGISTRAR 256, REGISTRAR'S	SIGNATURE
H.W.Jenkins &	Sons Co.	4905 York F	DATE MA	IR 8 '61 Chillin	S. Flench
		Balto 12	Pid .		



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2816

CERTIFICATE OF DEATH

Reg. Dist. No. 02798

11.	a. COUNTY	Baltimore	MARYLAND	o STATE	here deceased lived. If instituti b. COUNTY	ioni Residence befare admission)
\vdash	h CITY OF TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16	Maryland	outside carporate limits, write R	UIDAL and also accept found
	RURAL and give nee		C. LENGTH OF STAT IN 16	DY A		TIKAL and give nearest town
-	Duna		app 2 yrs	Baltimo	re	
	OR INSTITUTION	AL (If not in hospital, give street of 528 McShane W	10	3528 McSha	ne Way	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Annetta /	M. Regan	last	4. DATE Mor OF DEATH March	
5	SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last berthdoy)	Months Days Hours Min.
-1	Lemale	white widows		Nov. 16, 1884	/O yn	
110	O USUAL OCCUPATION during most of working	N (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Slote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	saleslady		Pept. Store	<u>Baltim</u>	ore, Maryland	d USA
13	I. FATHER'S NAME		•	14. MOTHER'S MAIDEN	NAME	
	Man	cellus Rogers		Marga	ret Ahern	
15	(et, no or unknown)	A concentration of comment		oseph M. Regi	an In. 3528 M	cShane Way
		TH [Enter only one couse per lin			4	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEAT	IMMEDIATE CAUSE (0) CEV	a character	MURRHAME - H	temph of LA	1000
	422.1	DUE TO AN	TIPPIUS CL GROT	ILE CARDIOUX	HCVAAX DIS	1015
	Conditions, if on					
	gave rise to in couse (a), stating t					
	lying cause lost.	(c)				
Š	PART 11. OTH	ER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
13						YES NO
CEPTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	CRIBE HOW INJURY OCCURI	RED, (Enler nature of injury in	Part I ar Part II of item 18)	
1	20c TIME OF INJURY	Month, Day, Year 20d. It	NJURY OCCURRED 20e.	PLACE OF INJURY IHome, for	m, 20f. (City or town)	(County) (State)
MEDICAL	Hour o.m.	19 White of wart	same willing	foctory, street, effice bldg., et	c.1	
		at 1 attended the decease	ed fram. 10/30	15319 to	0/25- 196	Lithat Flast saw the deceased
	alive an3	124 196	and that dea	th accurred at 7. 45	A_{\star} M, fram the causes of	and an the date stated above.
	16		11/1	0	ADDRESS (Street, city or town,	state) DATE SIGNED
	ACTUAL SIGNATURE	sugamin 18	prolem	MD. 1211:	HILHHAMD	ME BAKOY/
	PHYSICIAN'S DI	& BONSAMI.	N HIGHSTE	FIN		
2:	2a. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, Iown,	ar county) (State)
L	Burial	March 28, 1	961 Oak Low	n-Cometen	Baltimore.	Maruland
3	. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			STRAR'S SIGNATURE
	John A. Mo	ran 3000 E	Baltimone St	DATMA	R 2 9 '61	- 1 & Krous

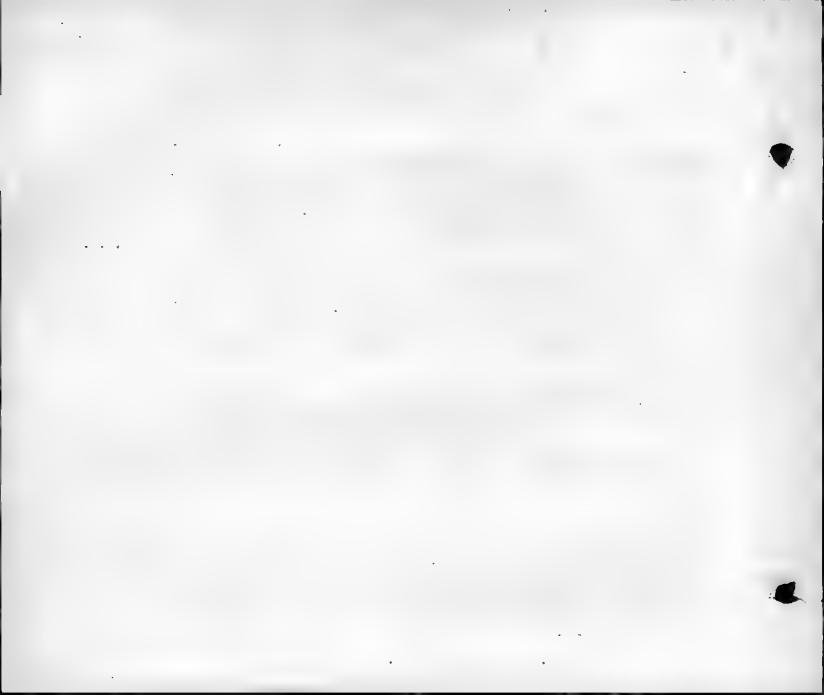


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 I tems 13 11. Film 6282 3/11/41 mh

	2817		CERTIFIC	ATE OF DE	ATH		Reg. Dist. No	2799
1. PLACE OF DEATH o. COUNTY	Baltimore	County	MARYLAND	o. STATE Ma	ryland	ed lived If institution b. COUNTY	n Residence befo	are admission)
RURAL ond give ne Catons	ville		ENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside corpo timore	orote limits, write RL	JRAL and give ne	orest town)
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospitol, g Summit Nur		*	d STREET ADDI	s. Linwo	ood Ave.		e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	FREIDA F	"(FORT	INA TA)	REINA Lost	4. DATE OF DEATH	Marc		19 63
s. sex Female	6. COLOR OR RACE White	WIDOWED		B. DATE OF BIRTH		lost birthdoy) yrs.	Months Doys	Hours Min
100. USUAL OCCUPATION during most of work HOUSEWIFE	ing lite. even it retired	1 1	of Business or Indi	JSTRY 11 BIRTHPLACE Ttaly		ountry)	12 CITIZEN C	OF WHAT COUNTR
13. FATHER'S NAME Unknown	-(Born and	d died	in Italy)	14. MOTHER'S MA Unknown	,	and died	in Itali	77 \
15. WAS DECEASED EVE (Yes, no or unknown)	R IN U. S. ARMED FOR Iff yes, give wor or dates of s	CES? 16. SOCI		informant ank B. Rei		2800 Dil	ess	eet
3 H2	The under DUE TO (c) IER SIGNIFICANT CON	DITIONS CONT	Pheuma Pheuma RIBUTING TO DEATH BU 17+1 HOWINJURY OCCURRI	T NOT RELATED TO TH			N IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yea	While of work	Y OCCURRED 20e. Property of work	LACE OF INJURY (Homoclory, street, office blo	ne, form, 20f. (City lig., etc.)	or town	(County)) (Slote)
21. I certify the alive on	ot I attended the	deceased f		190/, h		n the causes at treet, city or town, s	nd on the da	aw the deceose ste stated abov DATE SIGNI
PHYSICIAN'S NAME (Type)	N. 22b. DATE THEREO	m	· Grath	<u> </u>	it ans	Villed	& md	3/6/6
REMOVAL (Specify) Burial	3-8-1961		NAME OF CEMETERY O	יינ	Bal.	timore, Ma	aryland	(Stote)
23. FUNERAL DIRECTOR'S Lilly & Ze:		1901 Ea	ADDRESS Astern Ave.	24c	o, rec'd by regist te MAR 8		trar's signatui Clathur 2. A	

the funeral director, should be filed with after death. Page 4 may be hed by the haspital ar attending physician O FUNERA DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. ALOR ATTENDING PNYSICIAN: The taw requires that the death contificate be executed within 24 her TO FUNER TO HOSPIT

V\$ A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH

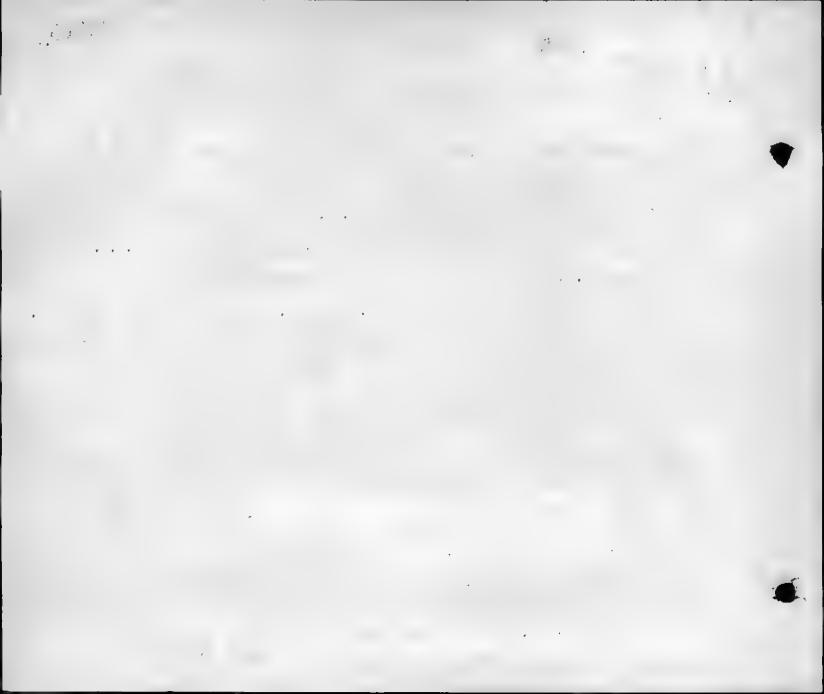
2818

N	1. PLACE OF DERTH B. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE b. COUNTY
	Bal timore MARYLAND	Maryland
/	b. CITY OR TOWN (if outs de corporeta limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
	Baltimore	Baltimore \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS e. 1S RESIDENCE ON A FARM?
,	Catonsville Summit Nursing Home	4314 Cedar Garden Poad YES NO
	3. NAME OF Fret Middle	Lest 4. DATE Month Day Year
	(Type or print) Mary Estelle Rew	DEATH March J. 1957
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
4	Fomelo Meste	last birthday) Months Days Hours Min.
	4.1	Y I II, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	
	HOUSEWITE	Virginia U.S.A.
	Thaddeus C. Hobbs	Elizabeth Peebles
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (If yes give war or detes of sarvica)	NFORMANT Address
		. Edward L. Lackner-1314 Cedar Garden Rd.
	18. CAUSE OF DEATH [Enter on y one cause per one for (e), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: [a] Carama U	Breat 24rs_
	DUE TO	,
	Conditions, if eny, which (b)_	
	gove rise to immediate cousa	
	(a), steting the underlying	•
		DI RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
-	None	PERFORMED?
- 1	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED	(Enter neture of 'njury in Part or Pert of tem 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OF CONTRIBUTING CAUSE OF DEATH	
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour a.m. While Not While fect	ory, sireel, office bidg., etc.)
	-/ ^ / +	2-11, 196 to34, 19.01, that (1) (We)-last
	saw the deceased alive on	death occured atM, from the causes and on the date stated above.
	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
Ę.	Washington Cours land	D. PHYS. DIRECTOR PHYS.
he	122c. PHYS CIAN'S Corge M. Ramapuram	350 2 (roydon Rd, Monthone), My
61		330 2
	238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 23d LOCATION (City, lown or county) (Stele)
	Burial March 8, 1961 Lorraine Pa	rk Cometery Baltimore, Maryland
	24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAK 250. REGISTRAK'S SIGNATURE
	Ven Leckener & Sons Roth & Penna Bak	15/7 Rd DATE MAR 8 '61 archur S. Kraus
	7	

TO HOST ALL OR ATTENDING PHYSICIAN: The law require that the death certificate be executed within 24 hours after death.

JO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

VR A15 (4) 15M 9/60



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

herers ofter death. Page 4

VR A1S (4) 1SM 9/59

	_60_3								
1. PLACE OF DEATH o. COUNTY	2 211		- 11	USUAL RESIDENCE (ed lived. If instituti b. COUNTY			sion)
	Baltimore	MARYL	AND	Mary	land		Baltim	ore	
b. CITY OR TOWN (If RURAL and give no	outside corporate limits,	write c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (If outside corp	orote limits, write l	RURAL and give n	earest tow	n)
Rosedal				X Rose	dale				
d. NAME OF HOSPITA	AL (If not in hospital, give	street oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
OR INSTITUTION	2106 Summit	Ave.		/ 2106	Summi	t Ave.			NO [
3 NAME OF	First	Middle		Last	4. DATE	Moi	nth I	Day	Yeor
(Type or print)	HAZEL	М.	RIC	HYER	OF DEATH				19
S. SEX	6. COLOR OR RACE 7.	MARRIED X NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years			
Female	White w	IDOWED DIVORCED	D M	ay 30, 192	27	lost birthdoy) 33 yrs.	Months Days	Hours	Min.
10a. JSUAL OCCUPATIO	N (Give kind of work don	ne 10b. KIND OF BUSINESS OR				country)	12. CITIZEN	OF WHAT	COUNTRY
At home	ing`life, even if retired)			Mars Land				U.S.	٨
13. FATHER'S NAME		1	110	Maryland Maryland Mother's Maider	NAME			_UaDa	<u> </u>
	r Armstrong			Don't					
15. WAS DECEASED EVER		57 16, SOCIAL SECURITY NO.	17 INFOR		20101	Ado	lress		
	If yes, give war or dotes of servi		Juli	us B. Rich	ter 21	06 Summit	Ave-6		
18. CAUSE OF DEA	TH Enter only one couse	per line for (o), (b), and (c).]				4		ITERVAL B	
	TH WAS CAUSED BY:	67		ucel	7 112	~/	01	NSET AND	DEATH
16.00	IMMEDIATE CAUSE (o)	Corran	De la se	<u> </u>	A. M. M. C. C. C. C.	4			
1200	DUE TO	120 ter. 40	0-	· Took		1. 11. 8		27.	. 6
Conditions, if or	mmediote ((3.1) - 22 - 100	1. 1. st. "	7 / /	x-ea · p	after more and		10	
couse (o), stoting I									
lying cause lost.) (c)							Ivo vice	4 12000
PART II. OTH	IER SIGNIFICANT CONDII	TIONS CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PART I(0)	PERF	DRMED?
E 200 ACCIDENT WA	S UNDERLYING 1 20	B DESCRIBE HOW INJURY OF	CURRED. (E	nter noture of injury	in Parl I or Pa	ort II of item 18.)			
(IF EITHER, NOTIFY	CAUSE OF DEATH								
	Y Month, Day, Year			OF INJURY (Home, fi, street, office bldg.,		ty or town)	(Count	у)	(Stote
Hour o.m.	19	While Not while of work of work	100,017	, and any annea and gri,					
21 certify that	t (I) (this haspital) (attended the deceased f	rom	1253	12 ta.	MAI: 15	1964	that (a)	(we) las
	ed alive an MA &	- /							
220 SIGNATURE		5 . 9.			-	-			26 DATE
137.	mets of	Ulmins)	M D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS			SIGNE
22c. PHYSICIAN'S NAME (Type)	- X - X	D DAME		22d ADDRESS	ELAS	> 11	734	Ev. 1 - 2 . v	1.
	11/11/	1 2711		<u> </u>			1 1560 180	+ 0/	~ G/
230 BURIAL, CREMATIO REMOVAL (Specify) BURIAL		23c. NAME OF CEMEN				ATION (City, town,	or county)	(Sto	ite)
	Mar. 18, 6		emori	al Gardens		air, Md.			
24, FUNERAL DIRECTOR'S		ADDRES\$			EC'D BY REGE		ISTRAR'S SIGNAT		
Ullrich Fur	neral Home 4	210 Belair Road	d.	DATE	MAR 20	'61 C	inthur S. H	ZALLINE.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02209

4020	CERTIFICA	TIE OF DEAT	1	02002
1 PLACE OF DEATH o. COUNTY	ALABATI ALIP	o. STATE	/here deceased lived. If instituti	
<u>Baltimore</u>	MARYLAND	Mary	land	
 b. CITY OR TOWN (If outside corporate limits, v RURAL and give neorest town) 	erite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside corporate limits, write R	PURAL and give nearest town)
Catonsville	4 yr. 8 mo.	Baltimo	re	
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	street address)	d. STREET ADDRESS	211	e. IS RESIDENCE ON A FARM?
Spring Grove S tate	Hospital	4214 Parkmo	nt Ave	YES NO X
3. NAME OF First DECEASED	Middle	lasi	4. DATE Mon	nth Day Year
(Type or print) Rosann	a Griffith	Ridenour	DEATH Marc	h 31 1961
5 SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Female white w	DOWED DIVORCED	12-16-75	lost birthdoy)	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDI	04.44 04.4		12. CITIZEN OF WHAT COUNTRY
housewife		England		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Charles Griffith		Ro	sanna Brism	
15. WAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO 17	INFORMANT	Add	ress
(Yes, no, or unknown) (If yes, give war or dates of service	•]	n 1- vn	MG GDGEN C.M.	A DESCRIPTION OF THE PERSON OF
nc l		Records: ਾਸ	ANG GROVE STA	A JE HOSPITAL
18 CAUSE OF DEATH Enter only one cause	-			INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	Arterioscleroti	ic heart dise.	ase	
DUE TO				
Conditions, if any, which) (b)	Generalized art	teriosclerosi	5	
gove rise to immediate (
lying couse lost.				
, 10)	ONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIV	VEN IN PART 1(6) 19 WAS AUTOPSY
Gangrenous urinary				PERFORMED? YES X NO
E 20g. ACCIDENT WAS UNDERLYING 1 206	DESCRIBE HOW INJURY OCCURR			LES EM NO C
OR CONTRIBUTING CAUSE OF DEATH	3. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury to	FOR FOR FOR A CO STERN TO S	
3 20c TIME OF INJURY Month, Day, Year		LACE OF INJURY (Home, for		(Caunty) (State
	While Not while It wark I I	octory, street, office bldg., a	tc.)	
21. I certify that (I) (this haspital) a		Jan. 17 _ 1	61 to March 3	1, 19 61, that (1) (we) last
saw the deceased alive an Fiar Ch	1 31 1961 and that	death accurred at a	M. from the causes or	ad on the date stated above
220 SIGNATURE	0			22b DATE
Le Ken	wherely		MED STAFF PHYS A	3-31-61 SIGNED
22c. PHYSICIAN'S NAME (Type)		22d ADDRESS SE	RING GROVE SI	ATE HOSTTAL
Aristides	Simopoulos, M.	D. C.	tonsville 28,	rary land
230 BURIAL CREMAT ON, 236 DATE THEREOF	23c. NAME OF CEMETERY		23d LOCATION (City, town	
REMOVAL (Specify)			Baltimore	
Cremation 4/3/61 24. FUNERAL DIRECTOR'S SIGNATURE	Greenmount ADDRESS			STRAR'S SIGNATURE
Wm. Cook. Inc., 1217 St				The State
WILL GOOK, THE., LZI/ SI	L. FAUL DELINATED	J. Z. PIU DATE A	PN 4 UI 1	3 7 .3. 67,8300

rs after death. Page 4 the attending physician and campletely filled by the funeral Then please remove carbon papers. Pages I and 2 should be the TO HOSPICAL OF ATTIMIENG FINISICIAN: The law requires that the death entificate be executed within 24 may be ined by the hospital or attending physician.

TO FUNEXAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2024

02202

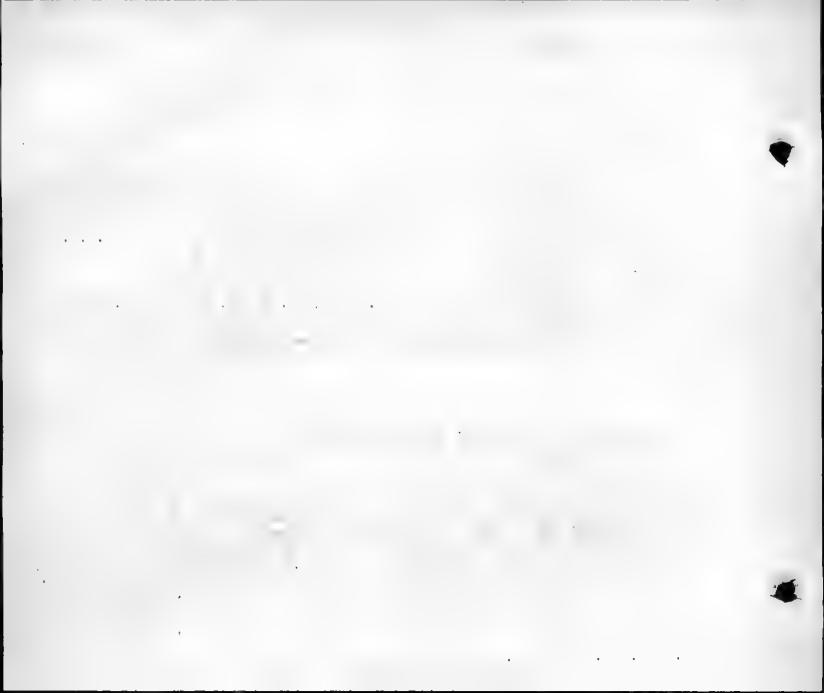
1 16061		Reg. Dist. Not⊌ (200
PLACE OF DEATH LICENSE COUNTY G. COUNTY G. C. COUNTY G. C.	2. USUAL RESIDENCE (Where dece	osed lived If institution Residence before of COUNTY	dmission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		prporate limits, write RURAL and give nearest	town)
TOLYUS CITY &	Brelima	ve.	
A NAME OF HOPPITAL ME - L - L-	M. Hold d. STREET ADDRESS		S RESIDENCE ON A FARM? ES NO 1
NAME OF DECEASED (Type or print) First First	Middle RIGGS 4. DAI OF DEA		Year 19 ()
SEX 6 COLOR OR RACE 7. MARRIED NEVER WIDOWED D	MARRIED 8 DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 1) Wonths Days He	UNDER 24 HRS
00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSI during most of working life, even if retired)	NESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign		
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,,	
Samuel Baules	amarta	Polyweum	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR	ITY NO. INFORMANT	Address	
In her distribution of the second of the second	Mr. George W. Banl	ks, Sykesville, Mar	yland
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last. DUE TO (b) DUE TO (c)	noma Uterua, bla		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	P:	VAS AUTOPS) ERFORMED? S NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED (Enter noture of injury in Port) or	Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR! Hour o. m. While Not while of work of work	forther stores office that the store	City or town) (County)	(Stote
21. I certify that I attended the deceased fram_alive an Mark 23, 196/, and	that death accurred at 12.39M, fro	4	
SIGNATURE // CILLAND Educad D	ay M.O. 4-8-33N	of Baltimer 18 mil	Much
PHYSICIAN'S Newland Edward Day	4 East 33rd	Street, Baltimore 1	.8
REMOVAL (Specify)		CATION (City, town, or county) Lenwood, Maryland	(State)
. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
m.Cok, Inc., 1217 St. Paul S.r		- 1-	

TO HOSPITATE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be need by IIIII haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours ofter death.

Ü

VS A15 (4) 15M 9/5B



TO HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Jet may be retained by the haspital on attending physician. TO FUNYARL DIRECTOR: After this certificate has been signed by the attending physician and complete. Elled in by the funegate director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the state Dept. of Health prior to busial, ceremino, or removal, and in any sevent, within 72 haurs after death.

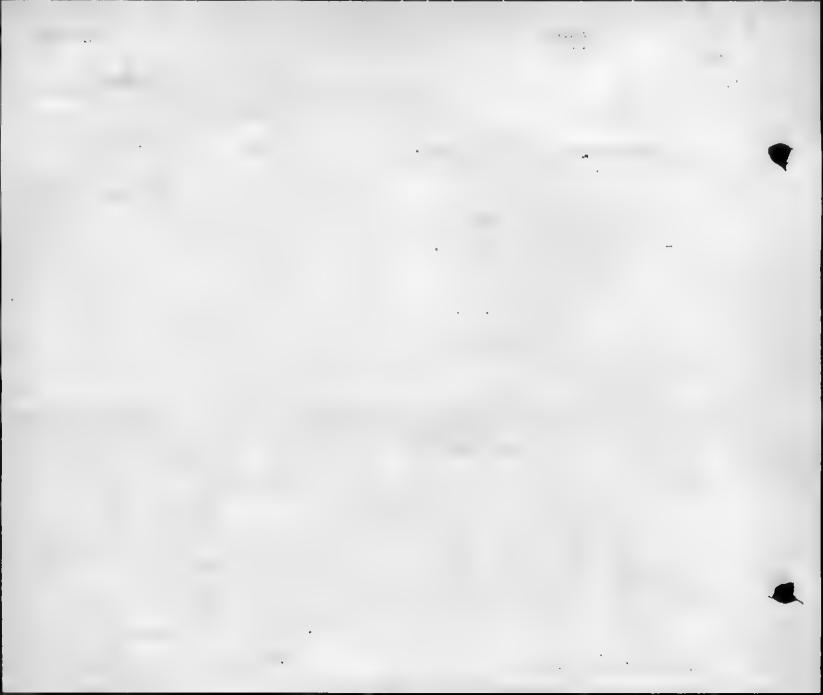
VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

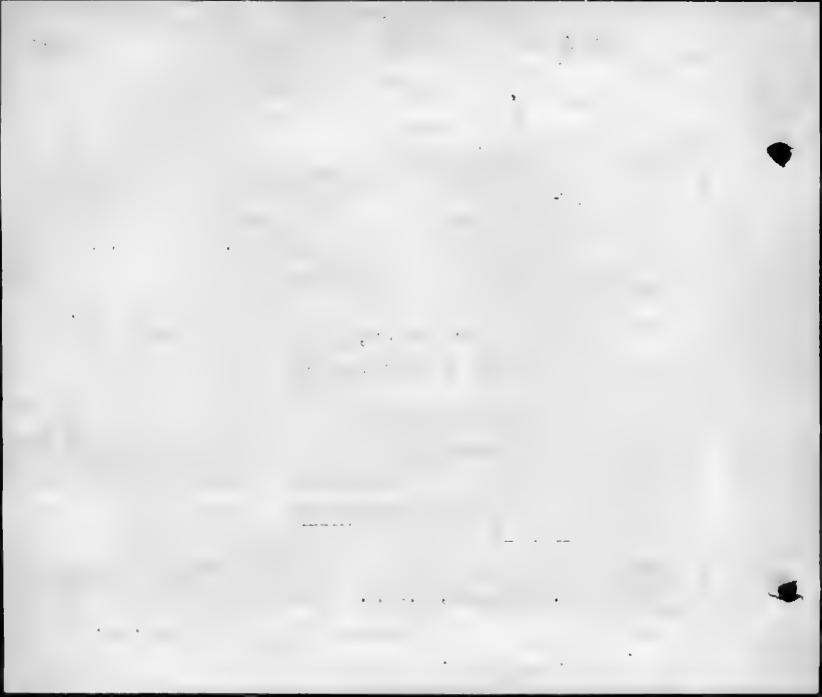
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXISTO 4

CERTIFICATE OF DEATH

PLACE OF DEATH a. COUNTY paltimore	2. USUAL RESIDENCE (Where decessed lived, If institution (Residence before admiss on) a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town) ROSECT UP CONTROL CO	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Rosedale d. STREET ADDRESS 1 e. 15 RESIDENCE
lol2 Rosedale heights Ave. 3. NAME OF DECEASED M.ddle	1612 Rosedale Heights Ave. YES NOW Year A DATE Month Dey Year OF DEATH March 2 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 male white widowed Divorced 100. USJAL OCCUPATION (G ve kind of work 100. KIND OF BUSINESS OR INDUSTRE	DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest blirthdey) 12/21/1881 70 yrs. Hours Min.
ret-carpenter 13. FATHER'S NAME Stephen Riha	Czechoslovakia U.S.A. 14. MOTHER'S MAIDEN NAME unknown
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, it eny, which gever is to immediate cause (a), stating the underlying	illian Riha, son, 13 Ferndule Aye. NITER AND DEATH ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY PERFORMED? YES NO PORT NO PORT II of Item 18.)
	CE OF INJURY (Home, ferm, 201. (City or town) (County) (Stete)
220. IGNATURE	death occured at 1.30 M, from the causes and on the date stated above. ATTENDING MED. STAFF PHYS. DIRECTOR PHY
236. BURIAL, CREMATION 236. DATE THEREOF BONET.ian Na.	
24 FUNERAL DIRECTOR'S SIGNATURE Charles L. Schillunck Funeral home 3331 Lrehus Lane	25%. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAR 7 '61

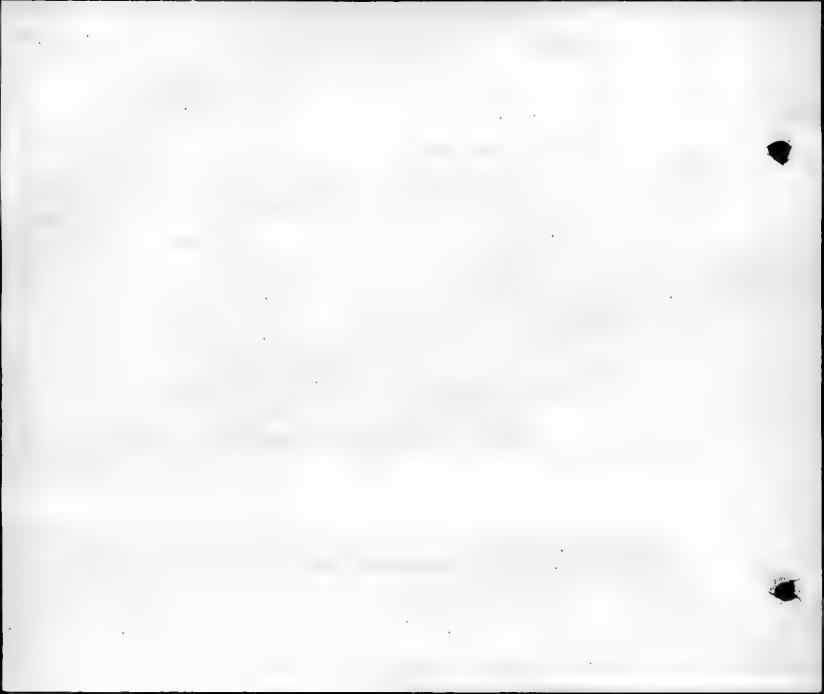


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2823 MEDICAL EXAMINER'S CERTIFICATE OF DEATH RFALTII DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before admission ay is necessary ald director. Page ad for your files. B. COUNTY b. COUNTY BALTIMORE MARYLAND BALTIMORE MARYLAND b. CITY OR TOWN (f outside corporele l'mits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Baltimore Co d. STREET ADDRESS d. NAME OF HOSP, TAL OR INSTITUT ON (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? 233 Langley Road 233 Langlev Road This certificate should be executed within 24 hours after death. If a word "pending" in pendi in Item 18, Give Pages 1, 2, and 3 to the fundicial Examiner's Office along with form PM3. Page 5 may be retained and be used as a burial-transit permit. File pages 1/674.2.with the State 8 death. 3. NAME OF 4. DATE Middle Month DECEASED MARIE RILEY DEATH March (Type or print) 61 19 hours after 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeers | IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX last birthday) Female WIDOWED [DIVORCED 1922 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Sears Roebuck Baltimore Id. Auditor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Feliksa Tuminska Joseph Perkowski event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) Office along with for burial-transit permit. 5105 Eugene Ave. Feliksa Perkowski 18. CAUSE OF DEATH |Enler only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Laennec's cirrhosis, with extensive fatty metamorphosis IMMED.ATE CAUSE (a) DUE TO removal. Acute and chronic alcoholism and I my, which (b) gove rise to immediate cause DUE TO (e), stelling the underlying ö _Partial ion, PART II, OTHER 5 GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e). 19, WAS AUTOPS) CERTIFICATION PERFORMED? multe the certificate, writing the word to forwarded to the Chief Medical ExAL DIRECTOR: Page 3 should be cremat YES 20 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED, 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) ZOC. TIME OF INJURY (County) (State) Month, Day, Year fectory, street, office bldg., etc.) While Not While 0 Hour a.m. et work et work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion agent, Natural causes X Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER [ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER X should be for FUNERAL 1 SIGNATURE 3/29/61 DEPUTY MEDICAL EXAMINER EXAMINER'S Bradley pinous NAME (Type) King, Jr., M.D. Address (Street, city, town, or county) DEP 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stale) REMOVAL (Specify) 240 g Baltimore Co. OH olv Rosary Cemetery Buria] 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE ADDRESS Sons VS. A15ME John DATE PR 6 Chester 5M 7/59 Orthon & Known



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death certificate be executed within 24



			Jake.	
TO HOWARD. OR ATTENDING PHYSICIAM: The law requires that the death certificate be executive within 24 hours after \$2.5 death. \$2.5.4 may be retained by the hospital == leading physician. > TO FUNCERS. DIRECTOR. After this certificate has been comed by the strending obvious and complete filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		

MARYLAND	STATE	DEPARTMENT	OF	HEALTH	

DIVISION	OF STATISTICA	L RESEA	RCH AND RECORD	DS, 301 W. PREST	ON STREET	, BALTIMO	RE I, MARY	LAND	
	2825	т	CERTIFICA	TE OF DEAT	'H			028	307
1. PLACE OF DEAT •. COUNTY Baltimore	-		MARYLAND	2. USUAL RESIDE	_ '	caesed livad, If I b. COUN		ce before e	dmission)
b. CITY OR TOWN write RURAL and	(if outside corporete limi d give naerest town)	ls,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orete limits, write	RURAL and give	nearest tow	rn)
W	ITAL OR INSTITUTION (3 Mths. 3 Day	d. STREET ADDRES	5				ESIDENCE A FARM?
	rove State	Hospi	tal	1808 Po	plar Gro			YES	NO X
3. NAME OF DECEASED (Type or print)	Hazel	L	M'ddle	Robinson	4. DATE DEATH	March	1 3,	Yaa 19	61
. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9.		IF UNDER 1 YEAR	IF UNDER	
Female	White	WIDOWE		May 3, 189	0	70 yrs.	Months Days	Hours	Min.
ICe. USUAL OCCUPATION dona during most of w	TION (Give kind of work orking life, even if ratire	1Db. K	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Co	unty & State, or	foraign country)	12. CITIZEN C	F WHAT	COUNTRY
Housewife		-1		Marylan			U.	S.A.	
Urknown				Unknown					
	VER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.			Address	-		~
(Yas, no, or unkown) (Unknown	If yes giva war or detas of s	arvice)			in a Cara		77	2	
	DEATH [Enter only one			Records: Spr	mig ero	ve State		,L FERVAL BET	TWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		otemia					2 Wee	DEATH
Conditions, if an geve rise to immed	fieta causa	C1	ronic glomer	lonephritis			-	уеа	ırs
으			TRIBUTING TO DEATH BUT !			CONDITION GIVE	EN IN PART 1(a)	9. WAS A	ALTOPSY DRMED?
Cerel			rosis with psy			of itam 18.)	~ ·	YES K	NO 🗌
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH								
20c. TIME OF INJU	URY Month, Day, Ya	ar 20d. While	Not While	LACE OF INJURY (Home, fa actory, street, office bldg., e		or town)	(County)	-	(Stata)
21. I certify	that (I) (this/hospi	tal) atteng	ded the deceased from	11/30/60	19, to.	3/3/61	, 19, i	hat (I) ((we) las
	sed alive on			at death occured at					
220. SIGNATURE	Therend	111	Work	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	3/4/6		DATE SIGNED
22c. PHYSICIAN'S NAME (Type	V. 1	MI	DERRY	22d. ADDRESS	Spring	Grove 3	tate Hos Maryla	pital	
230. BURIAL, CREMAT REMOVAL (Specify		196/	23c. NAME OF CEMETER	Y OR CREMATORY		TION (CITY, 104)			state)
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	25e. R	MAR 7	RAR 255. REG	SISTRAR'S SIGNA	TURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased I vad, if institutions Rasidence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (I outs de corporata limits, & LENGTH OF STAY IN 15 c CITY OR TOWN (if outs da corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) FORT HOWARD BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T ADMINISTRATION HOSPITAL VETERANS NAME OF Midd e DECEASED OF (Typa or print) DEATH MARCH ROBINSON 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years) IF UNDER I YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Days Hours MATE DIVORCED WIDOWED X Da. USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) U.S.A. CEMETERY MARYLAND STITE OF THE PROPERTY OF THE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS_ROBINSON SADTE BAKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas giva war or datas of sarvica) CLIN REC 216-09-1427 HAV BALTO, MD - FT HOWARD DIVISION -18 CRUSE OF DEATH [Enter only one cause par line for (a), (b), and (c)] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CARCINOMATOSIS UNKNOWN MMEDIATE CAUSE (a) DUF TO CARCINOMA. LEFT LUNG (b) gava risa to Immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO RESECTION, LEFT LUNG - 1957 OPERATION: 2Da. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18.) 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED , 2Da. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) Month, Day, Year (County) factory, straat, offica bldg., alc.) Not While at work 22b. DATE 22b. SIGNATURE ATTENDING SIGNED DIRECTOR 22d ADDRESS 22c. PHYSIC AN'S NAME (Typa)

.≘ affer Pages led papers. complete 2 With carbon and physician remove please has been signed no burial-transit i the his hospital 80 certifical USB prior 한 After DIRECTOR: After 3 should be detacl FUNDS director, post be filed w

funeral

VR A15 (4) 15M 9/60

BURTAL 24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

23s. BURIAL, CREMATION, 23b. DATE THEREOF

MORELAND MEMORIAL

KOUKOULAS

3019 E. Monument St FREDERICK D. MILLER, INC. Baltimore 5, Md.

M.D.

23c. NAME OF CEMETERY OR CREMATORY

VAH

MARYLAND BALTIMORE

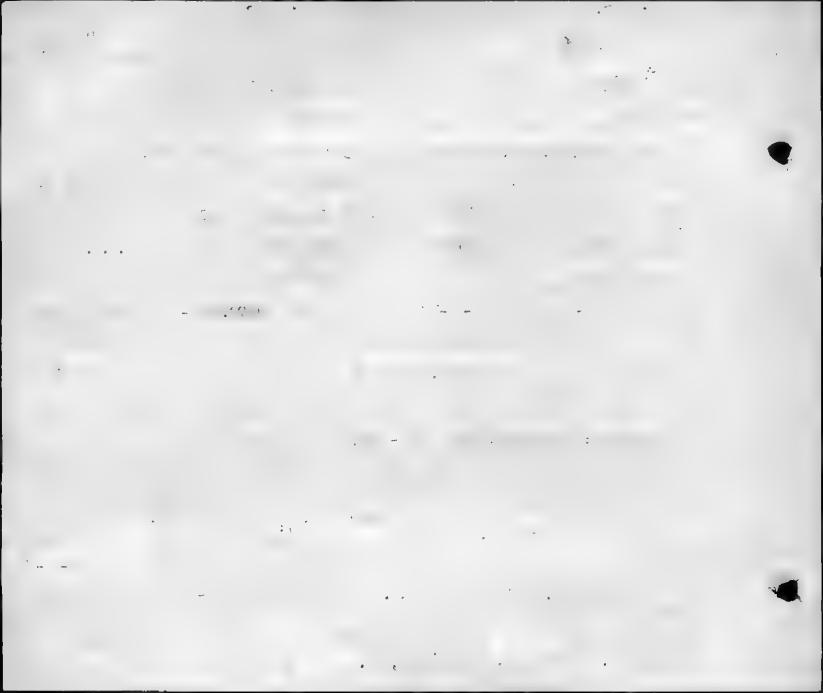
BALTIMORE MD - FT HOWARD DIVISION

25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

23d, LOCATION (City, lown or county)

Circling S. Through

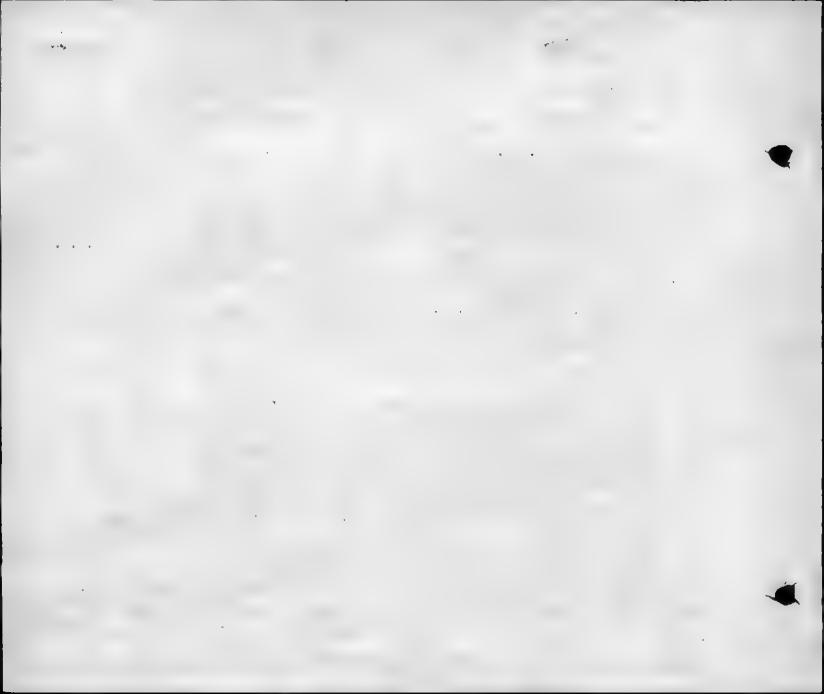
(State)



(Steta)

51GNED

Tiralle



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

Days

(County)

a. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

SIGNED 22b. DATE

(Stote)

YES NO 📉

Year

196



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceasad lived, if institutions Residence a. COUNTY b. COUNTY a. STATE by the and 2 death. BATTIMORE MARYLAND b. CITY OR TOWN (if outside corporata limits, E. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) write RURAL and giva nearest town) BALTIMORE FORT HOWARD 81 DAYS urs affe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1902 CEDRIC ROAD VETERANS ADMINISTRATION HOSPITAL papers. 3. NAME OF 4. DATE complet DECEASED OF (Typa or print) CLARENCE DEATH ROWSON MARCH carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER TYEAR 8. DATE OF BRITH and last birthday) Months WIDOWED [DIVORCED MATE physician IDa. USUAL OCCUPATION (Give kind of work remilive TOB. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE [County & State, or foreign country] dona during most of working life, even if retired) ODD JOBS WARWICK CO. VIRGINIA LABORER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WINNIE ROWSON UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) ((fiyes giva war or datas of servica) Tie Control 219-01-5006 CLIN REC 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: CARCINOMA, RIGHT LUNG tending physic been signed IMMEDIATE CAUSE (a) burial-transit | ial, cramation, **DUE TO** Conditions, if any, which (b) gava risa to Immediata cause DUE TO (a), slaling the undarlying has hospital c. certificate h Φ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19, WAS AUTOPSY NOIL 8 9 20a. ACC DENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) for (IF EITHER, NOTIFY MEDICAL EXAMINER After this Jetached fo Month, Day, Yaar 2Dd. INJURY OCCURRED . 2De. PLACE OF INJURY (Homa, farm, . 20f. (C'ty or town) 20c. TIME OF INJURY factory, streat, offica bldg., etc.) Whila _Not While Hour a.m. af work | af work may be retain DIRECTOR: 21. I certify that (I (this hospital) attended the deceased from December. 27. 1960, to March....18., 1961, that (0) (we) last saw the deceased alive on March 18 22a. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M.D. TZE-PHYSICIAN'S 22d. ADDRESS NAME (Type) VAH. BALTIMORE 18, MD. , FT. HOWARD THOMAS F. CRAHAN, M.D. 23a. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial (Specify) ÷ 8 Baltimore, Maryland OF Baltimore National 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 1808 N. Monroe Street VR A15 (4) 17, Maryland Arlington S. Phillips Baltimore CI TI S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

19 61

IF UNDER 24 HRS.

Davs

(County)

12. CITIZEN OF WHAT COUNTRY?

HOWARD DIVISION

NTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stata)

22b. DATE

3/201985

U.S.A.

ON A FARM? YES NO X

15M 9/60

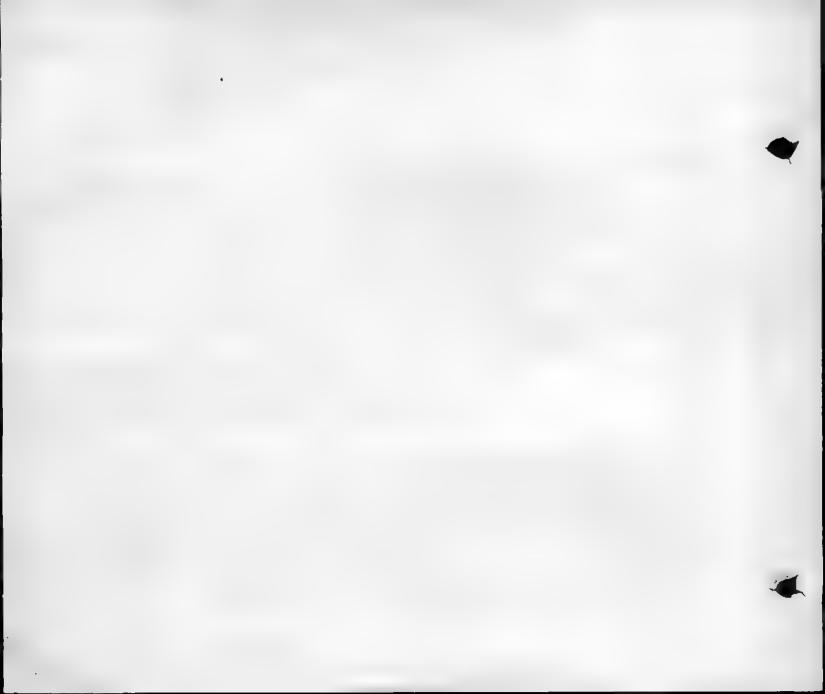


301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) a. COUNTY e. STATE b. COUNTY lay is necessary ral director, Page of for your files, Board of realth MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) owson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO TH NAME OF Middle Year DECEASED 2 with the (Type or print) DEATH 1961 3 10 1 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS after c. 2, and 3 ge 5 may and 2 w last birthday) WIDOWED DIVORCED [Oa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? Page . ive Pages 1, 2 PM3, Page PM3, Page pages 1 and within 72, done during most of working life, even if retired) none 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 8. Give 9 event If MEDICAL EXAMINER: This certificate should be executed within cote the certificate, writing the word "pending" in pencil in Item 18. Give forwarded to the Chief Medical Examiner's Office along with form IAL DIRECTOR: Page 3 should be used as a burial-transit permit. File 15. WAS DECEASED EWR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkown) (If yas giva war or dates of service) eon same any 18. CAUSE OF DEATH [Enter only one causa per lina for (a), (b), and (c).] INTERVAL BETWEEN Ē ONSET AND DEATH PART I. DEATH WAS CAUSED BY and IMMEDIATE CAUSE (a) DUE TO removel, Conditions, if any, which (b) gava rise to immediate cause DUE TO (e), stating the underlying cause fast, ould be used a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES 🔀 NO [20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Jem 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. 20c. TIME OF INJURY 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Month, Day, Year (County) factory, street, office bldg., etc.) 9 Not While Hour a.m. at work at work agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy 📈 . Inspection 🥦 Inquiry S. and in my opinion Natural causes 134 Suicide Homicide | Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL FXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DE 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 p Baltimore (ourty, burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Harrord Rd. DATEMAR 2 1 '61 arillar S. Thous 5M 7/59

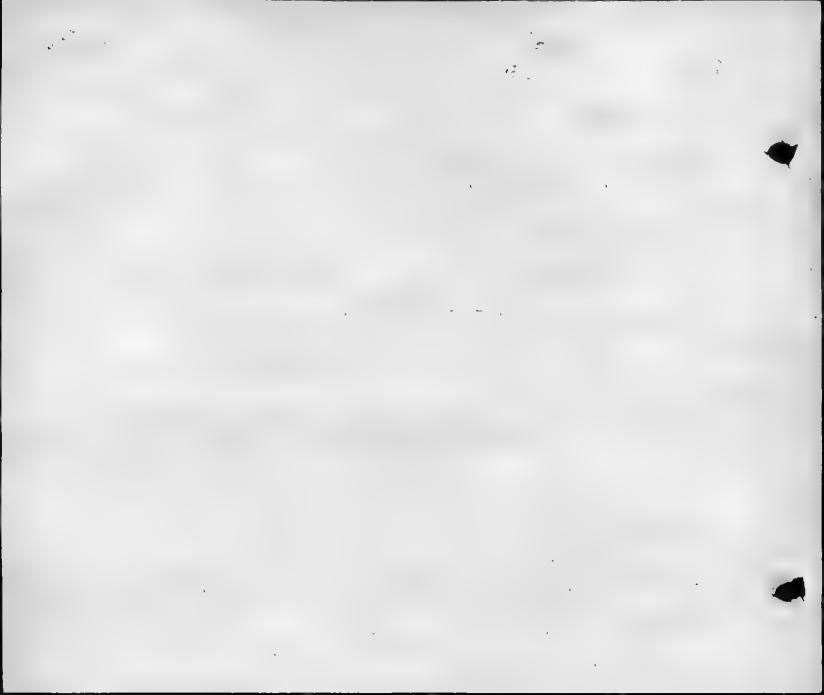
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If Institution, Residence before admission) PLACE OF DEATH e. COUNTY the id 2 c. C TY OR TOWN (If Sulside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (I) outside corporete I mits, write RURAL and g'ya hearest town) & LENGTH OF STAY IN 15 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) n. IS RESIDENCE ON A FARM? Radecke Avenue YES NO Kadecke Avenue 3. NAME OF Midd a DECEASED (Typa or print)//// DEATH UNDER I YEAR 9. AGE (In years 7. MARRIED T NEVER MARRIED sast birthdey) Months | Days WIDOWED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Retail ltimore, Mayland yrocer 13. FATHER'S NAME Rosa Liegler trank Jadotsk (Yes, no, or unkown) | (If yes give wer or detas of sarvice) same 1B. CAUSE OF DEATH [Enter only one couse per line for [a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Schoolis Keart Dalue Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying PART II, OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.), 19. WAS AUTOPSY PERFORMED? Vascula Deage YES NO . 20e. ACCIDENT WAS UNDERLYING | 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Peri I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH | 1 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f., City or lown) (County) (Stete) 20c. TME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While el work et work 21. I certify that (I) (this hospital) attended the deceased from... , and that death occurred at , , from the causes and on the date stated above. saw the deceased alive on.... 22a. HGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. 22d ADDRESS 22c PHYS CIAN S FUNE 238. BURIAL, CREMATION, 1 23b. 23c. NAME OF CEMETERY OR CREMATORY 1 23d LOCATION (City, fown or county REMOVAL (Spegify) ååo imore. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) ford Road #14 DATE MAR 7 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH MORE 1, MARYLAND

DIVISION	OF	STATISTICAL	RESEARCH	AND	RECORU)5 —	BALTI
2833		CE	RTIFIC	ATE	OF	DE	ATH
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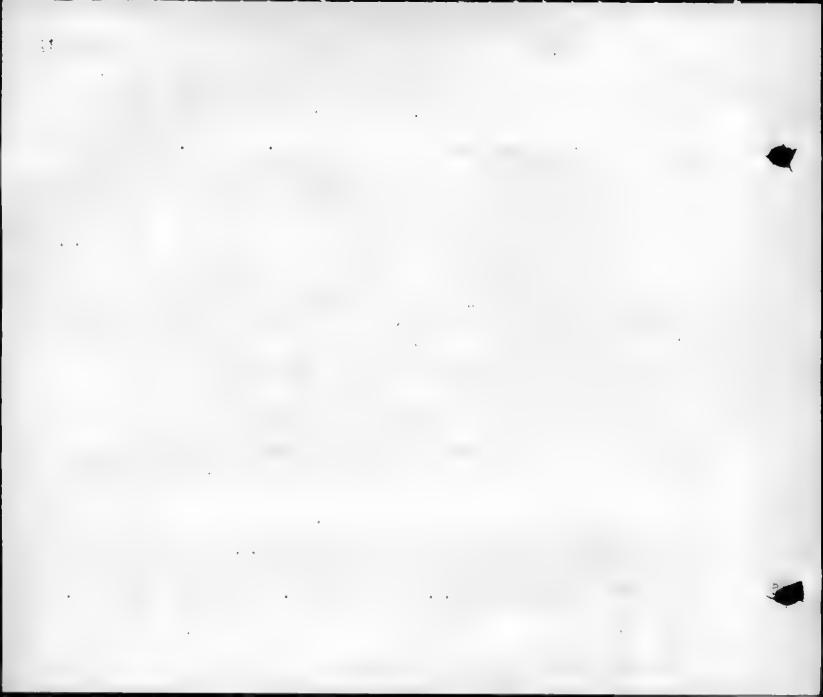
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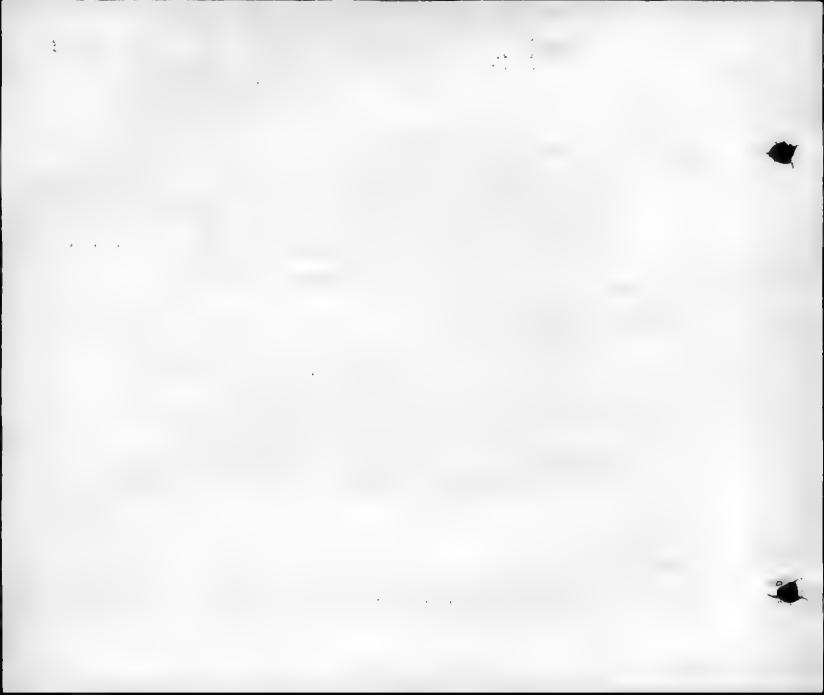
	PLACE OF DEATH a. COUNTY	Balti	lmar e	MARYLA	ND	2 USUAL RESIDENCE (Who o. STATE Mary)		lived. If instituti b. COUNTY				
	b. CITY OR TOWN (RURAL and give n	If autside corporate limi	ls, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Towson 2 yrs.					Baltimo	ore		-	. ?	11	1
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospita ⁾ , g	ive street	address)		d. STREET ADDRESS					a. IS RES	FARM?
	OK INSTITUTION	Stella Mar	is H	ospice		1030 E.	Nort	h Ave.				NO □
3.	NAME OF DECEASED	Fiz	st	Middle		Lost	4. DATE	Mon	th	De	īγ	√eor
	(Type or print)	Mami	ie			Sauer	DEATH	Mar	ch	20		7961
3	SEX	6 COLOR OR RACE	7. MAR	RIED NEVER MARRIED	□ B	DATE OF BIRTH		AGE (In years last birthday)	IF UNDE		+	ER 24 HRS
	F	W	WIDOW	'ED DIVORCED [12/11/1878	3	82 yrs.	manths	Days	Hours	Mm.
100	. USUAL OCCUPATION	ON (Give kind of work a king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUST	TRY 11, BIRTHPLACE (State of	or fareign co	untry)	12 C#	TIZEN O	WHATC	COUNTRY
		sewife	'			Mary	7land			U	.S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
		James Gall	aghe	יני		Emma	a Mc C	omas				
15.	WAS DECEASED EVE	R IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 INI	FORMANT		Add	ress			
174	NO. OF GRENDWAY	(If yes, give wor or dates of s	ervice) 2	13-03-5024		Admissio	on Rec	ords				
		-		ine for (a), (b), and (c).]		,				INT	ERVAL BE	TWEEN
	PART I. DEA	ATH WAS CAUSED BY IMMEDIATE CAUSE (or)	Cino	40	٤						
	14/27	DUE TO	1		1	0	٩					
	Canditions, if 4			ulat. 10	no	nehopner	nen	·				
	gave rise to i			11		widi Sm						
	lying cause last.)	Nega +	Ky,	wed 5m						
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT I	NOT RELATED TO THE TERMI	NAL D SEASE	CONDITION GIV	EN IN PA	RT 1(a)	PERFO	AUTOPSY ORMED?
	200 ACCIDENT WOR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206 DES	SCRIBE HOW INJURY OCC	URRED	. (Enter nature of injury in P	art I ar Part	II of item 18.)				
MEDICAL	20c. TIME OF INJUI Have a. m. p m.	RY Manth, Day, Ye 19	While		De. PLA fact	CE OF INJURY (Hame farm, arry, street, affice bldg., etc.	20f. (City	ar tawn)		(Caunty)		(State)
	21. I certify the	at (I) (this haspital	l) attend	ded the deceased fr	am	Sept. 196	0 ta	March	195	51, #	nat (I) (we) last
	saw the decea	_	3/19/			eath accurred at						
	220. SIGNATURE	what I.	m	hand		2:20	A.M.	STAFF PHYS.			22	b.DATE SIGNED
	22c PHYSICIAN'S					22d. ADDRESS				-		
	NAME (Type)	Robert	Mah	ion, M.D.		602 E. J	Joppa :	Road -	Tow:	son,	1'd.	
_	BUR AL, CREMATIC REMOVAL (Specify	: Ward, 20)F	23c NAME OF CEMETI		, Ciem	23d LOCAT	ION (City, town,	or caunty	KI	(Stat	3.170
(A	1 (1 -)	71	10 B . 61)	6	1	R 2 2 '6		ultura 2		LLA.	

TO HOSP/ OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr. is after death. Page 4 may be used by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filled with the State Baard of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59





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the funeral director.

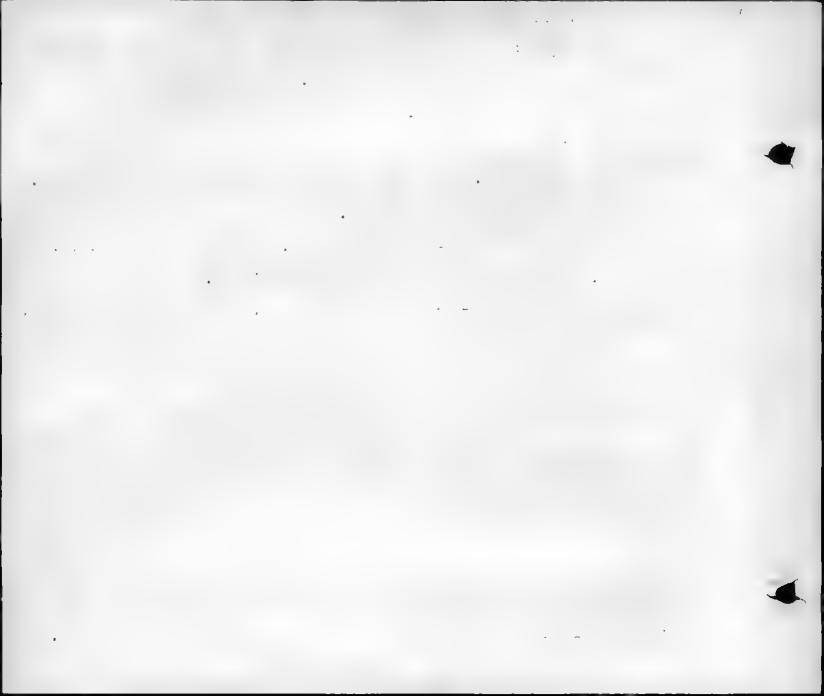
after death. Page 4

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hor LEVNER. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled age 3 should be detached for use as the burial-transit mermit. Then please remove carbon papers. Pages 1 and registrar priar to burial, cremation, or remayal, and in any event within 72 haurs after death.

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	A15 A 10	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

		283	5	CERTIF	ICA	TE OF DE	ATH	I			Reg. Dis	t. No.(}	2.8	17
1.	PLACE OF DEATH o. COUNTY Ba	ltimore		MARYL	AND	o. STATE Md.	NCE (Whe	era deceas		If institution		e before		•
	CITY OR TOWN (IF	outside corporate limarest town) -L. N.D.	ils, write	c. LENGTH OF STAY II	н іь	c. CITY OR TO	WN (If ou	ulside corp Llawr		ts, write RL	JRAL and g	ive neare	st town)	
	d. NAME OF HOSPITA OR INSTITUTION 2011 081	(I (If not in hospital,) Dirive	give street	oddress)		d. STREET ADD	DII.	Oak	Dri	vo -			ON A F.	
3.	NAME OF DECEASED (Type or print)	Cece	lia :	Middle B e	,	Schmitt		4. DATE OF DEATH		Moni		Day	Ye.	61.
F	sex 'omalo	White	WIDOWI			oct.83.			lost 6	oirthday)	Months		Hours	24 HPS Min
	Hairdres		done 10b.	KIND OF BUSINESS OR	INDUST	-	E (State o	or foreign	country)		12. CITI	ZEN OF	WHAT C	OUNTRY
		N. A. Sc			T. 2			AME rine	M.	Lud				
15 (Ye	no	I yes, give wor or dates of	service) 2	14-14-464		ss Doro	thy	H.Lu	idwi.	Addie g 11.		sevio	<u>od</u>	8) Ave.
		H WAS CAUSED BY: IMMEDIATE CAUSE (, 7	ne for (0), (b), and (c).	lal	Fail	me		-			ONSET	VAL BETY I AND D Z QL	EATH
	Conditions, if on gove rise to im		o Ca	mary.	ai	tuy di	-1-10	علية					···-	\
7	tying couse tost.	he under. DUE 10	c)(\		1			 -					
FICATION				ONTRIBUTING TO DEAT							EN IN PARI	- 1	PERFORA	NO P
AL CERTIFI	20a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A			CRIBE HOW INJURY OC										
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	19	White at work	Not while at work	fock	CE OF INJURY (Hor lary, street, office bl	me, form, ldg., etc.)	20f. (Cit	y or towr)	(0	ounly)		(State)
	21. I certify the	t I attended the	decease	ed from 3:059		accurred at	to Z	2 /		, 19	•			
	ACTUAL SIGNATURE	relton.	1.6	levo#	M	40. 64(C				or town, s		3		E/SIGNED
	PHYSICIAN'S NAME (Type)	Milton/	J26	denoff	dis		Bal	Sto :	7 14	را ای			(/	~~~~
B	BURIAL CREMATION REMOVAL (Specify)	3-28-19			ery or leer	ner		F	alt		9		(Stote) Md	
23.	FUNERAL DIRECTOR'S	SIGNATURE L. TILLEYL	9 3	207 W NOT	th a		ATE MAI	BY REGIS	TRAR	24b. REGIS نبرت	TRAR'S SIG			



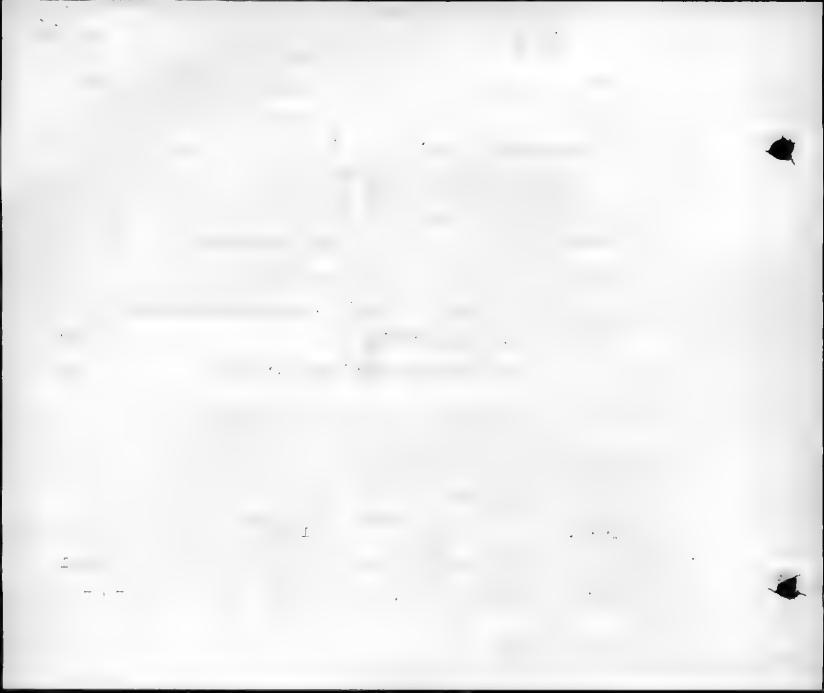
TO HOSPIT

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2836 **CERTIFICATE OF DEATH** Reg. Dist. NJ 2818

	1. PLACE OF DEATH a. COUNTY		MARYLA		O. STATE		b. COUNTY				in)
ŀ	b CITY OR TOWN (If guiside corporate	limits suritm	c. LENGTH OF STAY IN	- +	c. CITY OR TOWN (yland		Baltin			
	RURAL and give nearest tawn)	11/11113, 4/11/0	C. LENGTH OF STATE	''B	***		rgie limils, write Ki	JKAL dha gi	AC LIGOLOS	it tuwn)	
ŀ	Woodlawn	1 - 1 - 1 - 1	44 1	/	Woodla						
ı	d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION		· ·		& STREET ADDRESS				е,	IS RESID	FARM?
ļ	5309 XXXX L	ewell	en Avenue		/ 5309 L	ewelle	n Avenue		,	res 🗌	NO X
I	3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Man	rh	Doy	Ye	ear
1	(Type or print)	RY A	NĢELA SO	CHM	ITT	DEATH	Maı	ch	6	19	961
	5 SEX 6. COLOR OR RA	CE 7 MARI	RIED T NEVER MARRIED	□ 8	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER T			
ł	Female White	WIDOW	ED DIVORCED		ept. 13, 18	896	64 yrs.	Months [Days }	laurs	Min
1	10a USUAL OCCUPATION (Give kind of wo during most of working life, even if reti	rk dane 10b.	KIND OF BUSINESS OR				ountry)	12. CITIZ	EN OF W	HATCO	UNTRY?
	At ho me	Lea)			Baltimo			11	ISA		
ı	13. FATHER'S NAME			T	14. MOTHER'S MAIDEN		714114		UZZ		
V	John Neser				Mary S	Smith					
4	15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no. or unknown) (If yes, give wor or dates	ORCES? 16.	SOCIAL SECURITY NO.	INF	DRMANT		Addr	ess			
	No Ilyas, give wor or dates		None	Lo	uis R. Sch	mitt=5	309 Lewe	ellen.	Aver	nue	
I	1B. CAUSE OF DEATH (Enter only one	cause per li	ne far (a), (b), and (c).]						LINTERV	AL BET	WEEN
ł	PART I. DEATH WAS CAUSED B	Yi Con	conary Occlu	sion					1 h	AND)EATH
1	2/201 DUE	(0)									
1	Canditions, if any, which)	A such .	rioscleroti	e ca	rdiovascul	ar dise	ASA		5 y	eare	4
1	gave rise to immediate DUE	(0)	2 100010100	0 00	Z CLLO FCD OCC				- 0		
1	lying cause last.										
		(c)	CONTRIBUTING TO DEAT	M DHT ME	OT PELATED TO THE TEL	DMINIAL DICEAS	E COMPITION CIV	EN IN DADT	1/-1 10	WAC AI	TORCY
1	E PART II. OTHER SIGNATURE	OHDINOI43	CONTRIBOTINO TO DEST	13 001 140	OI KEDATED TO THE TEN	KINGHAL D JEAS	E COMPILION GIA	IN IN I AK		PERFOR	MED?
	De la company auto de la company	Took Dec	Chine Hour blines occ	To a more the		D. A.L., D.	11 -6 2 20 1			F2	но 📆
	PART II. OTHER SIGNIFICANT C 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER COLLEGATEDICAL EXAMINE 20c. TIME OF INJURY Month, Doy, House Significant C	TH 206. DES	CRIBE HOW INJURY OCC		· ·	in Part I of Par	Til of Hem IB }				
1	20c. TIME OF INJURY Manth, Day,			De. PLAC	E OF INJURY (Home, fo	arm, 20f (City	r ar tawn)	(Cr	ounly)		(State)
1	House Mark 1	9 While	Not while		y, street, affice bldg., →	etc)					
	21. I certify that I attended t					Manak	2067	41			
	alive an March 6.	19 Geceus									
	alive an indicati O	19	and that a	eath a	ccurred at 1:0		the causes and treet, city or town.		date s		abave.
П	ACTUAL MELLARI	1///	1. 1.	10		MDDKE33 (3	reel, city of town,	sigre)	2/7	167	3101120
l	SIGNATURE	/ //	/ correrey	/M.I)				2/1	OT	
	PHYSICIAN'S Millard T	Trab	and, Jr M	D.	5101	Gwynn	Oak Ave	nue_	7 -		
f		REOF	220 NAME OF CEMET	ERY OR C	REMATORY	22d. LOCA	TION (City, tawn, o	ir county)		(State)	
	Burial 3/9%1	961	New Cath	edra	1 Cemeter	у Ва	altimore	N	lary	land	ŀ
	23. FUNERAL ON TOP OF LAND HATTURE	ma	20 Appress		24a. Ri	EC'D BY REGIS		TRAR'S SIGI		-	
	Ellsworth Armacos	t-460	0 Liberty H	ghts	Ave. DATE	MAR 9	'61 (Irilmon S	. The	A.	



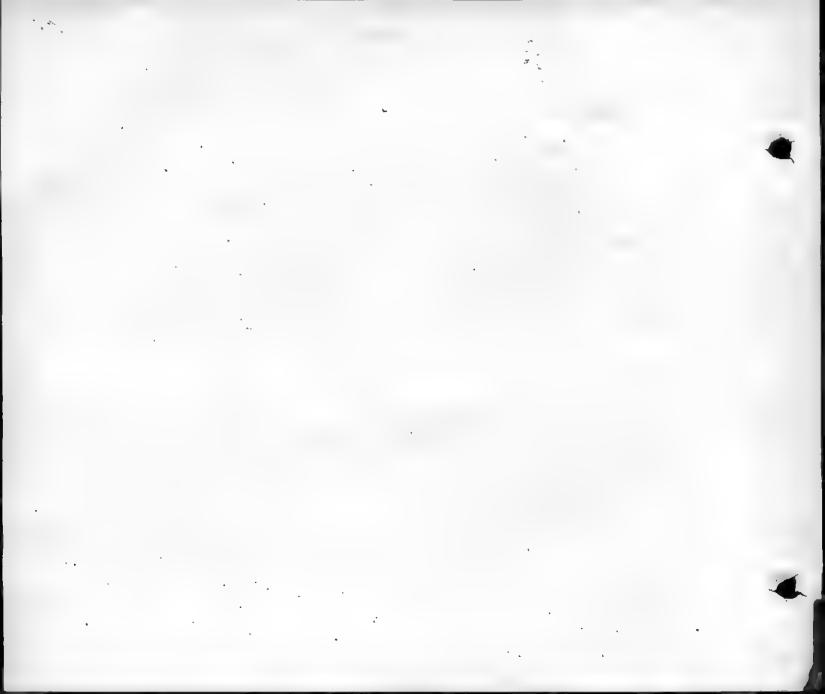
director filed funeral å ъ Filled oges campietely papers. pup physician ottending ā signed burial-transit DIRECTOR: shauld TO FUNERA page

the

VS A15 (4)

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With the



	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4	54		2838 CERTIFICATE OF DEATH Reg. Dist. No. ()282()
Page	I director,	1.	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY c. STATE b. COUNTY b. COUNTY c. STATE b. COUNTY c. STATE c. STAT
death.	d be fi		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
after o	2 should		d. NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION or INSTITUTION or IS RESIDENCE ON A FARM?
Hour	ond A	3.	NAME OF First published Lost 4. DATE Month Day Year
in 24	ges 1	-	(Type or print) William of Och REIDER DEATH MADNI, 13 19691
d with	rs. Po		MALO WIDOWED DIVORCED 1 100.19-1873 (optigitally) Manihis Days Haurs Min
execute	n pape death.	1	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate be	e carbo	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 16. 17.7 /2016
certifica	g physic remays 72 haur	15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address In or unknown Ill year, give wor or during of service M.D.A. P. of Land MCS. 15 - 17.5 (Horacon for service)
death	please of thin	-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH ONSET AND DEATH
t the	The at		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO ONSET AND DEATH ONSET AND DEATH
es that	any e		Candilians, if any, which gave rise to immediate (b) Described 744
requir.	signe nd in		cause (o), stoling the under- lying cause last.
low r	s been Il-trans vol, a	NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 WAS AUTOPSY PERFORMED?
AN: The	cate har or remo	CERTIFIC	200 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.)
HYSICI,	is certifi use as th mation,	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o, m. 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (Caunty) (State)
NG P	frer the d for all, creating	>	21. I certify that I attended the deceased from 1959, 19, to Mark 1 last saw the deceased
TEND	DR: All		alive on All Many 1962 and that death occurred at M. fram the causes and an the date stated above.
A AT	DIRECTO		ACTUAL SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE ADDRESS (Street, city or town, state)
PITE	shau trar		PHYSICIAN'S BABYUMBOUGH FORMER 27 14
O HOS	O FUNES poge 3 the regis	110	BUBIAL CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY 22d TOTATION (City, town or country) (State)
	A15 (4) (10/57	1/2	FUSERAL SHOCTOR'S SIGNATURE ADDRESS CHASES PL 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 16161 CANA S. KILLIA



filled in by the funeral Pager 1 and 2 should but after death. within 24 hours after affer TO HOLFAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a death.

See the continued by the hospital or attending physician.

TO FUNDRAL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Haalth prior to burial, cremation, or removal, and in any event, within 72 hours. 15M 9/60

Qh.

 \Box

MARYLAND STATE DI	EPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
6045 CERTIFICAT	TE OF DEATH 02821
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Baltimore MARYLAND	a. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
atonsville 29yr7mth7dys	Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS a, 15 RESIDENCE ON A FARM?
SPRING CROVE STATE HOSPITAL	4205 Woodstock Avenue
3. NAME OF First Middle DECEASED	Senner A DATE Month Day Year
(Type or print) Paul Smit!	
male White	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	Aug. 7, 1882 78 yrs.
dona during most of working lila, even il retired)	
Sheet metal worker	Maryland U.S.A.
John D. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Sus al. Killian
(Yes, no, or unkown) (Ifyesgive wer or detes of service)	cords: SPRING GROVE STALE HCSPITAL
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c))	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Metastatic lesion	of liming
/ (b) A DUE TO	
Conditions, if eny, which \ (b)	
geva rise to Immediate ceuse	16
(a), steling the underlying cause lest.	
FART B. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO I
20s. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH	(Enter nature of injury in Part) or Part II of Item 18,)
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) tory, street, office bldg., etc.)
p.m. 19 et work at work	
21. I certify that (I) (this hospital) attended the deceased from.	March 5 1961, to Flarch 10, 19 61, that (1) (we) last
saw the deceased alive on March 10, 1961, and that	death occured at.A.M. from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
	A.D. PHYS. DIRECTOR PHYS. 3-10-61
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	DITTING GITONE DITTING THE PROPERTY OF THE PRO
	Catonsville 28, hary land OR CREMATORY (State)
REMOVAL) (Specify) 3-29:6/ W of Mad	Arad. Shoot Halternoon Mad
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REGO BY REGISTRAR 256. REGISTRAR'S SIGNATURE

258. REGISTRAR 256. REGISTRAR'S SIGNATURE

DATE

arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH 2839

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12020

3							THE RESERVE OF THE PARTY OF THE				
	1. PLACE OF DEATH	_		2. USUAL RESIDEN			sidence before admiss on				
	Baltimore		MARYLAND			ಳಬರ	Queen Annes V				
	b. CITY OR TOWN (if outside a write RURAL and give need FOIT HOWARD	torporate limits, rest fown)	c. LENGTH OF STAY IN 16		(If outside corporate lin	nits, write RURAL and	give nearest fown]				
45	d. NAME OF HOSPITAL OR IN		76 Days	Centrevi			I . IS RESIDENCE				
	Veterans Admin				Commerce St	root	ON A FARM?				
	3. NAME OF	First	Widg e	Lest	4. DATE	Month	Dey Yeer				
	(Type or print)	NHO	M. S	HA M	DEATH M	larch	16 1961				
	5. SEX 6. COLO	OR OR RACE 7. MARRIE		ATE OF BIRTH	9. AGE (In years [IF UNDER 1 Y	EAR IF UNDER 24 HRS.				
		ite WIDOWE	DIVORCED	April 4,	1893 67	yrs. Months D	eys Hours Min.				
	10e. USUAL OCCUPATION (Give done during most of working life,	kind of work even if retired)	IND OF BUSINESS OR INDU .TE	Y 11. BIRTHPLACE COU	nty & Stele, or foreign	country) 12. CiTIZ	EN OF WHAT COUNTRY?				
	Salesman 13. FATHER'S NAME	Au	tomobile Agenc	y Cordova, 14. MOTHER'S MAIDEN		<u> </u>	I. S. A.				
T	Joseph Shaw			Eliza J.	Towers						
Ŧ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordelesofservice) Clinical Records, VAH, BALTIMORE 18, Maryland										
	Yes WW I	21	1-05-3717 m	RT HOWARD D							
	18. CAUSE OF DEATH (E	ALISED BY.	line for (e), (D), end (c),				ONSET AND DEATH				
		TE CAUSE (e) DINUI	NCHOPNEUMONIA				RECENT				
	Conditions, if any, which	DOKAS DITA	MONARY EMPHYSEN	A MARKET			UNKNOWN				
	gave rise to immediate cause	XXXXXX	JOINTIL TENTILLEDIE	ing Mandello		KIDNEY	OMMINOWIN				
	(e), stating the underlying cause lest.		T-OPERATIVE STA	ATE-NEPHRECTY	OMY FOR CAP	RCINOMA,/	RECENT				
		ANT CONDITIONS CON	NTRBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDIT	TON GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED?				
	2 T. Celepiat	Thrombosis(C	Supe	inoma Thyro	tinum.	astases to	YES W NO				
	200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF CONTRIBUTING MEDICAL	E OF DEATH	SCRIBE HOW INJURY OCCURED								
			INJURY OCCURRED 20e, PLA	ACE OF INJURY (Home, fer	m, 20f. (City or few	n) (Coun	ly) (State)				
	Hour a.m.	White	to a	tory, street, office bldg., et		., , , , , , , , , , , , , , , , , , ,	(0.00)				
		17	ded the deceased from)0.00mhom 30	1000 toMarro	h 16 196	T that (M (we) last				
	saw the deceased alive	March 16		death occured ap.	50M. from the	causes and on th	e date stated above				
	220 SIGNATURE	1	1		*		22b, DATE				
1	Thomas	1 Rr	hen "		MED. STA		3/16/61				
	22c. PHYSICIAN'S NAME (Type)	10		22d. ADDRESS							
	THOMAS F. CRAF	IAN, M.D.	At 1		TIMORE 18,						
7	236. BURIAL, CREMATION, 236 REMOVAL (Specify)		23c. NAME OF CEMETERY			(City, town or county)					
	Burial MA	RCH 18 1961	Chesterfield		C'D BY REGISTRAR	ville, Mar; 256. REGISTRAR'S SI					
,	Barton Brothers	111/20 % -			AAR 21 '61	Chillian S.					
	TOTA OOM DIONICID	a certa a come allo	THE RESIDENCE OF THE PARTY OF	Janie 1	- , , ,						

after ithin 24 hours by the and 2 death. and complete filled in by arbon papers. Pages I a , within 72 hours affer d carbon death certificate be physician and and in any event, death. Jet A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please remove be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any even PHYSICIAN:

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VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH 2541 CERTIFICATE OF DEATH

02824

	A C A A	CEKTIFICA	TE OF DEATH		O SO C SA					
1, PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	b COUNTY	Y Y Y Y Y Y Y Y					
RURAL and give nec			c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)							
Catonsvill	ialethorp	Life	Halethor	pe	(C ACCIDENCE					
d NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION Ridgeway Nursing Home			d. STREET ADDRESS o IS RESIDION A F. 1256 Francis Ave							
3. NAME OF DECEASED	First	Middle	Lost	1.	onth Day Year					
(Type or print)	George	Sipple		DEATH March	5 196*					
s. sex		MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years	FUNDER 1 YEAR IF UNDER 24 H					
Male		WIDOWED DIVORCED	June 28, 18	74 lost birthdoy) 86 yrs	1110 0073 110013					
10a USUAL OCCUPATION during most of working	N (Give kind of work do ng life, even if retired)	one 106. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Slote	or foreign country)	12 CITIZEN OF WHAT COUNT					
Printe	_		Maryland		U.S.A.					
13. FATHER'S NAME	NAME									
Georg	e Sipple		Laura Easley							
	IN U. S. ARMED FORC		NFORMANT	1256 Fr	ancis Ave					
No		R.C.	a Alice G.	Sipple	G1101D 4110					
19 CAINS OF DEATH Series only the course per line for (a) (b) and (c) 1										
PART I. DEAT	PART I. DEATH WAS CAUSED BY Urebral Thrombours ONSET AND THAT I WAS CAUSED BY UNDER THE CAUSE (o) Urebral Thrombours ONSET AND THAT I WAS CAUSED BY UNDER THE CONTROL OF TH									
DUE TO CASE TO										
Conditions if ony, which) " Generalized arteriocelesones 5 years										
gave rise to immediate (II)										
touse (o), stoning the under-										
CATIC					PERFORMED YES NO					
200. ACCIDENT WAS UNDERLYING 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 13 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m While Not while of work of										
21 1 certify that (1) (this hospital) attended the deceased from March 1, 1961, to March 5, 1961, that (1) (me) lar saw the deceased alive an March 4, 1961, and that death accurred at 43 M, from the causes and an the date stated above										
220. SIGNATURE										
1.35	adle Do	aughanly	M. D. ATTENDING MI	ED STAFF	3-5					
, 22c PHYSICIAN'S	22c PHYSICIAN'S 22d ADDRESS									
NAME (Type)	264 Francis	Avenue Balto. 27,	Md. A. Bradl	ey Daugharthy	, M.D.					
23a BUR AL, CREMAT ON	N 23b DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town,	, or county) (State)					
REMOVAL (Spec fy)	3-7-196			North Ave	Balto Md					
24 FUNERAL DIRECTOR'S		ADDRESS	A 250 REC		GISTRAR'S SIGNATURE					
Teo G Co	ok & Son	1701-03 Patter	Bon Pk. WAR 8	101						
TEO G* CO	W DO11	Tion-of Parcel	TA O MAR O	'61 Cht	1 S. Trace					

after death. Page 4 the funeral director, should be filed with Then please remare carbon papers. Pages 1 and 2 TO HOSPITE OF ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 from may be reflected by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 on the State Board of Health priar ta burial, cemanitan, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59



after death



Reg. Dist. No. 02825 **CERTIFICATE OF DEATH** 2842 il director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission 6. COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give necrest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) & STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Z NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH 1961 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months DIVORCED [WIDOWED TY 10a, USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO sterios cleratic heart direcce Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stoting the underlying couse lost PARY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLY. WAS AUTOPSY PERFORMED? stemosis and insufficiency YES NO 5 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not while at work at work 3-12 -.. 1961, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 155 A.M., from the causes and on the date stated above ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE Belan Rd Balto, 6 PHYSICIAN'S NAME (Type) AMOROSO 270. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATMAR 1 4 '61 15M 10/57 Clothur 9 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



2843 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) p. COUNTY File File o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF First Middle Lest 4. DATE Manth DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) WIDOWED X DIVORCED [USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) VOUSEU1:40 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address altending | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and, (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUF TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL MISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS 20g. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED Day, Year 20f (City or town) factory, street, affice bldg., etc.) O. m. at work 21. I certify that I attended the deceased from _____that I last saw the deceased ADDRESS (Street, city or lown, state) ACTUAL DESCRIPTION PHYSICIAN'S NAME (Type) 226 DATE THEREOF 220. BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) la 1 1 1: 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY

Days

(County)

Months

ON A FARM? YES NO T

Year

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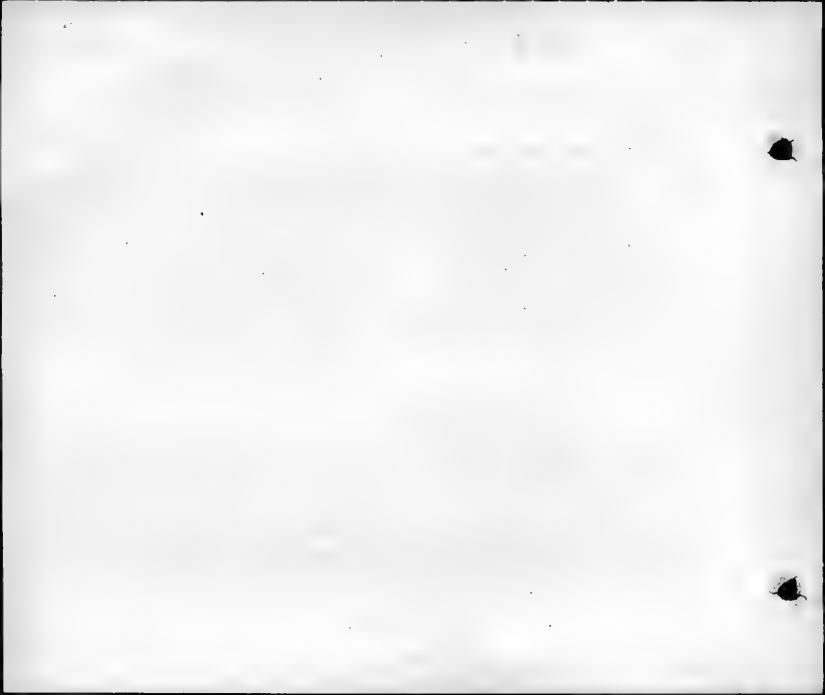
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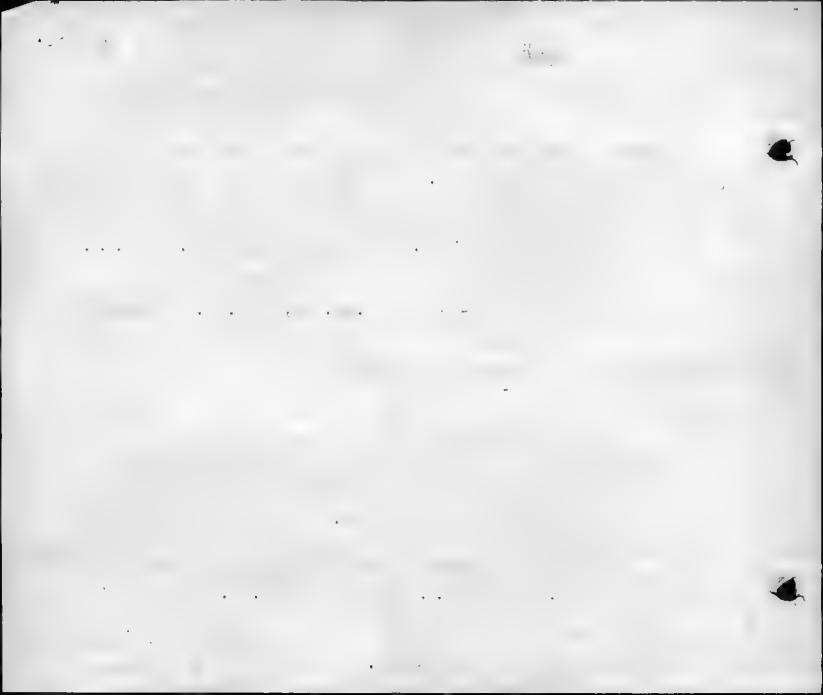
15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND . CERTIFICATE OF DEATH director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND funeral CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town) c. LENGTH OF STAY IN 16 c CITY OR ZOWN (If outside corporate limits, write RURAL and give nearest town) TO d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSPITUTION ON A FARM? YES NO Z NAME OF First Middle 4. DATE Year Month DECEASED OF DEATH Pages deaths (Type or print) 19 3 IF UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED BADATE OF BIRTH 9. AGE (In years IF UNDER TYEAR papers. P lost birthdoy) Manths Days Hours DIVORCED [WIDOWED D USUAL OCCUPATION [Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and ETTRED 13. FATHER'S MAME physicio IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address offending 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (c) Frame DUE TO Cond tons, if any, which ſЫ gove rise to immediate **DUE TO** couse (o), stating the underlying cause lost. **burial-transit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 305 YES NO 200 ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) MEDI Hour o.m. While Not while at work at work p. m. 1961, ta Wesch 3 1961, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. Jan. I, and that death accurred at 193M, from the causes and an the date stated above 19 6 saw the deceased alive an ed by the DIRECTOR: 220 SIGNATURE 22b, DATE SIGNED ATTENDING PHYS STAFF M.D DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS RICTON TO FUNER page 3 the State 23a BURIAL, CREMATION, DATE THEREOF 23d LQCATION_(City, town, or county) 23Ь **2EMOVAL** (Specify) 256, REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTAR Chilling S. Thomas VR A1S (4) DATE MAR 6 261 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed I yad, if institutions Residence before edmission) e. COUNTY b. COUNTY Baltimore Maryland 후 기 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pue c LENGTH OF STAY IN 16 ۶ write RURAL and give neerest town) 74 Days Baltimore 5-Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not an hospital, give street address) STREET ADDRESS e. IS RES DENCE ON A FARM? Veterans Administration Hospital Grovethorne Road YES NO XX papers. n 72 hc 3. NAME OF 4. DATE complet DECEASED OF RICHARD 18 SMT TH 61 (Type or print) R. DEATH MARCH 19 and con 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH last birthdey) Months I Days Hours Male White 39 WIDOWED DIVORCED physician гетоме 10a. USUAL OCCUPATION (G.va kind of work 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working lifa, even if retired) Martin Co. U.S.A. Maintenance Man Natrona Heights, Penn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME altending Edmund Smith Ava Faulkner ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) / (Ifyesgivawarordatesofsarvica) Clin.Rec. VAH. Balto. Md. Fort Howard Division WW II 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: L8_HOURS IMMEDIATE CAUSE (a) PNEUMOMTA DUE TO CARCINOMA RIGHT LUNG WITH WIDE SPREAD METASTASES Conditions, if eny, which UNKNOWN gave rise to immadiate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19. WAS AUTOPSY οÆ PERFORMED? SE 0 NO XIX certifi USB prior CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING _ CAUSE OF DEATH for (Stata) After 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Year factory, straat, offica bldg., atc.) Not While While Hour a.m. at work at work DIRECTOR: to March 18 1961. that (/) (we) last 21. I certify that () (this hospital) attended the deceased from Jan. saw the deceased alive on March 22b. DATE 22a. SIGNATURE ATTENDING S, GNED 3/18/6**1** DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH. Balto. Md. Fort Howard Division PAUL G. KOUKOULAS. 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 230. BURIAL, CREMATION, 1 23b. DATE SHEREOF REMOVAL (Spacify) OH Natrona Heights, Pennsylvania 256 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Ferver Funeral Home DATE Tarentum. Penn. CIATION & MAR 2 0 '61



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	2847	CERTIFICA	TE OF DEATH		02829
1. PLACE OF DEATH B. COUNTY	altimore	MARYLAND	2. USUAL RESIDENCE (Where STATE Md.	deceased lived If institut on b. COUNTY	Residence before odmission) Baltimore
b. CITY OR TOWN (I	f outside carporate limits, write porest town Maryland	c LENGTH OF STAY IN 36	5 · ·	de corporate limits, write RUI Maryland	RAL and give nearest fawn)
d NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give street 4946 Tulip A	venue	4 STREET ADDRESS 4946 Tu	ulip Avenue	e IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	William	Middle C +	Smith, Sr.	DATE Month	
male	marks R.A.	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Dec. 12, 189	last birthday)	IF JNDER 1 YEAR IF JNDER 24 HRS Manths Days Hours Min.
westing.	ON (Give kind of work done 10 king life, even if retired) NOUSE	b. KIND OF BUSINESS OR INDU	Scotland		U. S. A.
13. FATHER'S NAME Alexande			Kate McGi	11	
	R IN U, S ARMED FORCES? [If yes, give wor or dates of service]	soli em lines	nformant Mrs. Isabella		m Relay 27, Mo 6 Tulip Ave.
Canditians, if a gave rise to i cause (a), stating lying cause last	mmediate DUE TO (c)	yearsard.	botters - steers	ing Their ne need	ONSET AND DEATH
200 ACCIDENT WA	AS UNDERLYING [] 20b. D.		T NOT RELATED TO THE JERMINAL ED (Enter nature of injury in Part	1	PERFORMED? YES NO
20c. TIME OF INJUR Haur a. m. p. m.	MEDICAL EXAMINER) Y Manth, Day, Year 20d Whi	L.	LACE OF INJURY (Home, form, 2 octary, street, affice bldg., etc.)	10f (City or town)	(County) (State
		nded the deceased fram	death accurred graff M.		, 1961, that (I) (we) last an the date stated above
220. SIGNATURE	idera.	Beeller		TOR STAFF	225 DATE SIGNED
22c PHYSIC(AN'S NAME (Type)		Beitler, M.	D 1014 Fra	ncis Avenue	e, #27
Buriai"			dge Cemetery	Elkridge,	Maryland
24. FUNERAL DIRECTOR		ADDRESS O7 Wilkens A	venue DATELLO	Y REGISTRAR 25b. REGIST	TRAR'S SIGNATURE

after death. Page 4 the funeral TO HOSPITE OR ATTENDED PHYSICIAN: The law requires that the "eath merificate be exemuted within 24 homory be received by the hospital are attending physician.

TO FUNERAL DIRECTOR: After this certificate mas been signed by the attending physician and completely filled a page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admiss on) a COUNTY Poge files. Health, **b** COUNTY MARYLAND b. CITY OR TOWN III autide corporate limits, write BURAL LENGTH OF STAY IN 16 c. CITY OR FOWN (If aulside corporate limits, write, RURAL and give nearest town) director. your J of 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Dundala 3. NAME OF First Middle 4. DATE DECEASED (Type or print) anne 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 19 8 DATE OF BIRTH 9 AGE Ille years lost birthday) WIDOWED IT DIVORCED emale yrı. 10a. USUAL OCCUPATION [Give kind of work done] 10b KIND OF BUSINESS OR INDUSTRY 2, or Page during most of working life, even if retired) Give Pages 1, h form P.M3. Pc pages-1 tannone 13. FATHER'S NAME Tenru IS. WAS DECEASED EVER IN U./S ARMED FORCES? 16 SOCIAL SECURITY NO Address fill yes, it we wer or dates at service." 16. CAUSE OF DEATH | Enter only one cause per l'ne far (o), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Office buriol-tra Canditions, if ony, which gave rise to immediate cause l'pending" in p dical Examiner's be used as a bur DUE TO (a), stating the underlying cours lost. emafic 200. EXTERNAL CAUSE WAS PRIMARY D'or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter native of injury in Bert i or Post-II of item 18) CAUSE OF DEATH.

ON A FARM YES | NO | 19601 IF UNDER TYEAR! IF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? same INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form. 1 20f (Sily (Slota) office bldg., etc.) Nat while 19/01 at work at wark 21. I certify that I took charge of the remains described/above, held on Autopsyll. Inspection w Inquiry 1 and in my opinion death resulted from. Natural couses . Accident . Suicide Homicide Undetermined monner DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE STARWARD Y NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) (Stote) REMOYAL (Specify) arkwood emezeru timore. Md. ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 246, REGISTRAR S SIGNATURE 24a REC'D BY REGISTRAR J. Ruck 5305 Hartord Cuthur S. Huma DATE

SM 2/57

DIRECTOR:



" after death. Page 4 TO HOSPIT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 howers after death. Page 4 moy be ed by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs offer death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has

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IA.	AKTLAND STATE DEPAKTMENT OF HEALTH	
DIVISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYI	AND
0	CERTIFICATE OF DEATH	

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PLACE OF DEATH D. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE Maryland b. COUNTY Balt	imore				
b. CITY OR TOWN (If outside corporate timits, RURAL and give negret town) Fullerton	write c LENGTH OF STAY IN 16	C CITY OR TOWN (If cutside corporate limits, write RURAL and a Fullerton	ive nearest town)				
d. NAME OF HOSPITAL (If not in hospital, give or institution Box 17 Jopp	· ·	d. STREET ADDRESS Box 17 Joppa Rd.	e IS RESIDENCE ON A FARM? YES NO.				
3 NAME OF First DECEASED (Type or print) Emanu	el A. S	lost d. DATE Month OF DEATH March	Day Year 16, 1961.				
s. sex 6 COLOR OR RACE 7 Male White w	MARRIED NEVER MARRIED	Nov. 4, 1890 9 AGE (In years lost birthday) 70 yrs. If JNDER Months	1 YEAR IF UNDER 24 HRS Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work dor during most of working life, even if relired) Nachinist—Hetired	Machine Shop		ZEN OF WHAT COUNTRY				
Q. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
/ Frank Stast	ny	Marie Unknown					
15 WAS DECEASEDEVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give wor or dates of service)	* 215-07-4228 Mr	ROSALIE M. Stastny Box 17 Jo	lerton, Md ppa Rd.				
gove rise to immediate couse (o), stating the under- lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS Part III. OTHER	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?				
\$ [YES NO				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURREN	, (Enter nature of injury in Port I or Port II of item TB.)					
20c TIME OF INJURY Manth, Doy, Year Haur o. m. 19	20d INJURY OCCURRED 20e. PL While Not work for or work	CE OF INJURY (Hame, form, 20f. (City or town) (Cory, street, office bldg., etc.)	County) (State)				
	21. I certify that (I) (this hospital) attended the deceased fram. 1944, to 71 0.2216, 1967, that (I) (we) last saw the deceased alive an 32.1961, and that death accurred 32.1M, from the causes and an the date stated above.						
220 SIGNATURE MD ATTENDING MED STAFF 3/7/6/1							
	ACON	2810 Taylor Cire	*				
230 BURIA, CREMATION, 236 DATE THEREOF REMOVAL (Specify) Cremation 3-18-1961	23k NAME OF CEMETERY O	Baltimord,	(Stole)				
24 FUNERAL DIRECTOR'S SIGNATURE	me 7401 Belo	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIG					
MARKIN TIME IN ALL STE	MA - 14/1 / KIM	DATEMAR 2 0 '61 Con of thur of	Halla				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE by the land 2 seed death. Baltimore Anne Arundel b. CITY OR TOWN (if outs de corporate limits. c CITY OR JOWN (if outside corporate limits, write RURAL and give nearest town) e LENGTH OF STAY IN 15 write RURAL and give nearest town! Eastbort Fort Howard

d. NAME OF HOSPITAL OR INSTITUTION (II not in hos.) IS RES. DENCE ON A FARM? 1017 Madison Street YES NO TO Veterans Administration Hospital 3. NAME OF DECEASED (Type or print) DEATH WALTER STETN 19 61 March 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Hours WIDOWED [Male 10s. USUAL OCCUPATION [G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRIMP, ACE (County & State, or lore gn country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Highway Baltimore, Maryland Handyman U.S.A. 13. FATHER'S NAME William Stein Victoria - Unknown 16 SOCIAL SECUR TY NO. 1 17. INFORMANT Clin. Records 15. WAS DECEASED EVER IN U.S. ARMED FORCES? VA Hospital (Yes, no, or unkown) , (Ifyasgive war or dates of service) Baltimore 18, Maryland-FORT HOWARD DIVISION Yes WW-11 218-05-9694

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. LYMPHOSARCOMA IMMEDIATE CAUSE (a) l vear DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 116)1 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Hem 18 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED; 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While at work at work 22b. DATE 22a, SIG ATTENDING 5 GNED PHYS DIRECTOR PHYS. X 3/11/61 22d ADDRESS 3900 Loch Raven Blvd. VAH, Baltimore 18, Md. Fort Howard Div. 23d. LOCATION (City, fown or county) 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore National Cemetery Baltimore Burial 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 6009 Harford Rd.

Wm. Cook-Blight Funeral Home Baltimore, Md.

5 -00 carbon physician After this etached DIRECTOR: FUNE ್ಡಿಕ್ಷ್ಮ

funeral

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH

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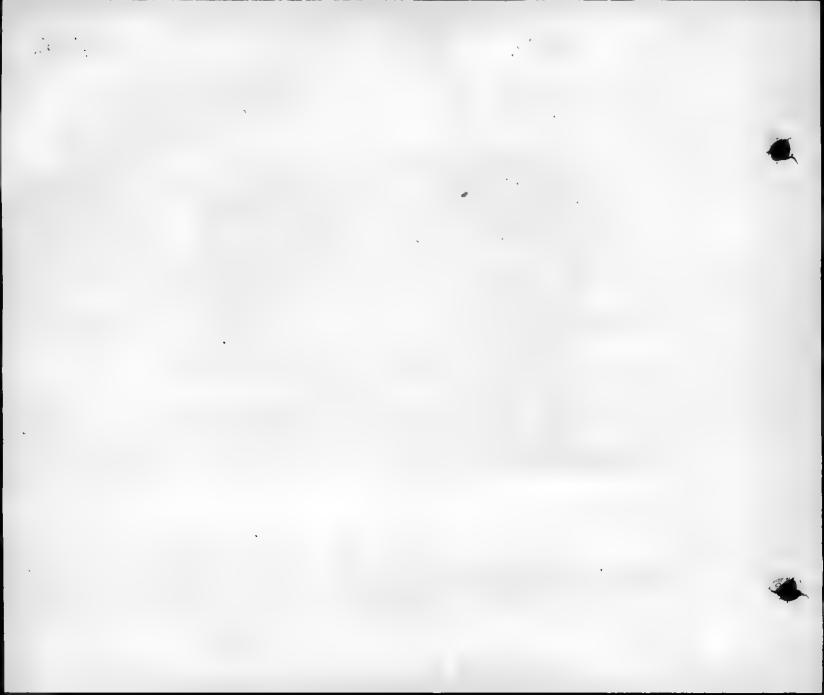
1	CERTIFICATE OF BEATT
1	place of DEATH a. COUNTY BALTIMORE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY b. COUNTY
7	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fawn) RURAL and give nearest fawn) ATCNSVILLE C LENGTH OF STAY IN 1b C ATCNSVILLE C LENGTH OF STAY IN 1b C ATCNSVILLE
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HOUSE IN PINES, 16 FUSTING AUE. 4600 MANORDENE RD. e is residence on a farm? YES NO.
	3. NAME OF DECEASED (Type or print) LUDING CARL STEINHAGEN DEATH MAR, 16, 1961
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (in years lift UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs Min VIDOWED DIVORCED DEC. 5. 1889 9. AGE (in years lift UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs Min
	10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (State or foreign country) METIRED TRAFFIC ENGAL BALTC. TRANSIT GERMANY 12. CITIZEN OF WHAT COUNTRY? U. S.A.
	3. FATHER'S NAME STEINHAGEN UNKNOWN
Ī	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service, 16. SOCIAL SECURITY NO. 17. INFORMANT MRS ETHEL K. STEINHAGEN H600 MANIORDENE RD.
	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), storing the under-lying cause (a), storing the under-lying cause (a).
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO.
	20a ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a m. p. m. 19 20c TIME OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram. 2-22. 1961, ta 3-16, 1961, that (I) (we) last saw the deceased alive an 3-6-1961, and that death accurred at 455M, from the causes and an the date stated above
	22b. DATE SIGNED M.D. PHYS PHYSICIAN'S NAME (Type) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	23a BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State)
	25 MOYALAL 3/20/61 DRUID RIDGE CENTY, PIKESVILLE MD.
	24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25G. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 25G. REC'D BY REGISTRAR'S SIGNATURE DATMAR 2 0 '61 CALLING & KNOWN
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TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 figures may be need by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or remayed, and in any everythin 72 haurs after death. VR A15 (4) 15M 9/59

arts after death. Page

by the funeral director,



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2852 **CERTIFICATE OF DEATH** Reg. Dist. No. (1283) The funeral director should be filed with ofter death. Page PLACE OF DEATH 2 USUAL RESIDENCE (Where, deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (V outside corporate limits, write RURAL and give negrest town) URAL and give nearest townly errehumen d. NAME OF HOSPITAL/(If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO 3 NAME OF Middle 4. DATE Monti Day Filled DECEASED (Type or print) 1500 DEATH AGE (In years last, birthday) 6. COLOR OR RACE MARRIED [8 GATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS NEVER MARRIED | Months camplete Doys Hours DIVORCED [WIDOWED 17 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) puo 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address [II yes, give wor or dotes of service] nding CAUSE OF DEATH [Enter only one couse per line for (d) alberted (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO á Canditions, if ony, which been signed gave rise la immediate DUE TO couse (a), stating the underlying couse last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO Z 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) certificate 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED (County) (Slate) factory, street, office bldg., etc.) Haur o.m. While Not while al work at work 21. I certify that I attended the deceased from 🖾 🥶 that I last saw the deceased ., and that death accurred at._____M, from the causes and on the date stated above. ADDRESS (Street, city or DATE SIGNED lown, stotel ACTUAL 3 shau PHYSICIAN'S NAME (Type) BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMATORY 22d page 6 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cathan & House DATE 15M 10/57



TO HOS

A may be retained by the hospital or attending physician.

A death. Page 4 may be retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	MAKTLAN	ID STATE DE	PARIMENI OF	BEALIN	
DIVISION OF STATISTIC	CAL RESEARCH	AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1	MARYLAND
0.01		EDTIFICATE	OF DEATH		

	2853	CERTIFICATE	OF DEATH	02038
	PLACE OF DEATH a. COUNTY Bal timore		2. USUAL RESIDENCE (Where dec	b. COUNTY
_	b. CITY OR TOWN (if outs de corporete limits, write RURAL and give naarest town)	c. LENGTH OF STAY IN 16		ete I mits, write RURAL end give neerest town)
;	d. NAME OF HOSPITAL OR INSTITUTION (IF A	2yrlldys not in hospitel, give street address)	Baltinoce d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print)	HOSTTAL Middle	925 O. Fremont Lest O. Fremont OF DEATH	Avenue YES NO Dey Yeer
	Marr rel	Gearge	Stitt	March 21 19 61 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Mn.
	10a. USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED X	April 9, 1880	Ø Ø z.
	done during most of working life, even if retired) laborar 13. FATHER'S NAME		Pennsylvania	_U. S. A.
	Sylvester Stitt		Ruth Nofsker	
_	15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (Ifyes give were redetes of sarv	/ice)		Address
	Conditions, if any, which geve rise to immediate cause (a), staling the underlying cause lest.	Pleural effusion an Arteriosclerotic l Generalized (rter	neart disease with h	INTERVAL BETWEEN ONSET AND DEATH
و	OR CONTRIBUTING TI CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURED	[Enter neture of injury in Pert I or Part II or	YES X NO .
	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19		CE OF INJURY (Home, farm, 20f. (City ory, straet, office bldg , etc.)	or town) (County) (Slete)
	21. I certify that (I) (this hospital saw the deceased alive on Ma) attended the deceased from rch_2119 61_, and that		March 21., 1961, that (I) (we) last the causes and on the date stated above.
	22e. SIGNATURE	11 22/2/12	D. ATTENDING MED.	STAFF 3-21-61 PROVE ST TE HOSPITIAL
	NAME (Type) Stella Wa	chsler, M. D.	Catonsvi	le 28, par/land
	230. BURIAL, CREMATION, 23b. DATE THERECORES	23c. NAME OF CEMETERY	OR CREMATORY 23d. JOCA	(Stata)
	Film A Mila Mr	of Catonsville,	DATE MAR 2 3 '61	AR 25b. REGISTRAR'S SIGNATURE
	-A WARANI			A. TURKUS



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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — B	BALTIMORE 1, MARYLANI
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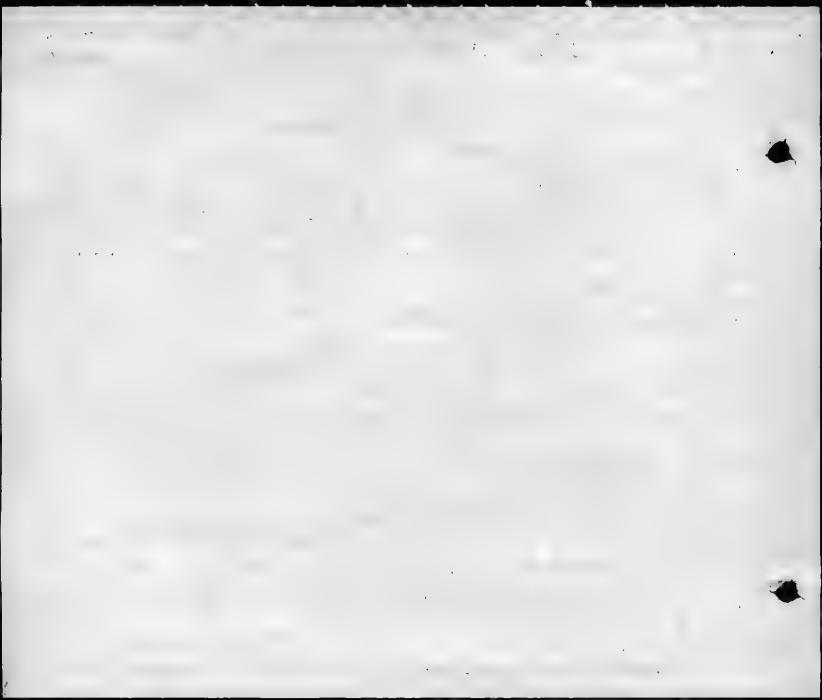
2857	CERTIFICAT	E OF DEATH		02836
1. PLACE OF DEATH a. COUNTY BALTO	MARYLAND	2 USUAL RESIDENCE (When a. STATE M.)	e deceased lived If institution Re b. COUNTY	esidence before admission) BALTO
b. CITY OR TOWN (If autside corporate imits, write RURAL and give nearest lowy)	c LENGTH OF STAY IN 16	The state of the s	side carparate limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION RADISE NVI	CSING HOME	d. STREET ADDRESS	NHERY LAI	IS RESIDENCE ON A FARM? YES NO
3 NAME OF First DECEASED (Type or print) LULA	Middle E. 57	Y RON 1	DEATH MARCH	Day Year 196/
F WIDOWE	DIVORCED .	DATE OF BIRTH 1ARCH 20,18:	74 Suphday) Mar	NDER 1 YEAR IF UNDER 24 HRS. On this Days Hours Min.
10a USUAL OCCUPATION (Give kind of work dane 10b. during, most of working life, even if retired)	KIND OF BUSINESS OR INDUSTI HOME	MIRTH	CAROLINA	2 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JOHN EAST	wood	14. MOTHER'S MAIDEN NAI	1	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO 17 INF	ormant Styron	n- 132 human	ery Jana
PART I. DEATH [Enter only one couse per line part I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (a), stating the under. DUE TO	e far (a), (b), and (c)] here here	rotic co	Inc. Ideovarient	INTERVAL BETWEEN ONSET AND DEATH
Iying cause last. (c)	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN	N PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO [7]
20% ACCIDENT WAS UNDERLYING (1) 20%. DESC OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	rt I or Port II of Item 18)	
20c. TIME OF INJURY Month, Day, Year 20d IN Hour o m 19 While at work	Nat while facto	E OF INJURY (Home, form, try, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
21 certify that (I) (this haspital) attends sow the deceased alive an 10 22a. SIGMATURE	ed the deceased from	ath occurred of 195	7, ta 11 March, from the causes and or	19.41, that (I) (we) lost n the dote stated above.
22c PMS(CIAN'S NAME (Type) James E. Rowe	we M	22d ADDRESS	cror D STAFF D	14 mar 51GNED
23d BURIAL, CREMATION, 23b DATE THEREOF 3 - 1 - 1	23c NAME OF CEMETERY OR ADDRESS	de Cem.	3d. LOCATION (City, town or early BY REGISTRAR 256 REGISTRAR	12Ld.
Foly-Coverough F.H.	Catomville	124 DATEMAR	1.7.61	2. King



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral* 2. USUAL RESIDENCE (Where deceased lived, if institution: 1. PLACE OF DEATH a. COUNTY **b.** COUNTY Ral timore MARYLAND pue b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give peacest town) Write RURAL and give nearest town Catonsville 28 72 hours after l month led in Kalthingmor TaPlata d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va straat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Spring Grove State Hospital Box 301 YES 🔼 NO papers. complete. 3. NAME OF Middia 4. DATE Month DECEASED OF H (Typa or print) Joshua DEATH SWANN March 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED carbon AGE (In years IF UNDER I YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday] | Months and Days Hours White Male WIDOWED [DIVORCED March physician 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Retired Farmer U.S.A. Marvland 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME Ξ affending and Unknown Mary Mattingly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Joval, (Yas, Ao or unkown) | (Hyasgive war or datas of sarvice) Records: Spring Grove State Hospital physician. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident day DUE TO Cerebral and Generalized arteriosclerosis Vears Conditions, if any which gava risa to immediata causa DUE TO (a), stating the underlying causa fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NG NG YES 📆 NO USe prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of neury in Part I of Itam 18.) Por Affer this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year (State) [County] Not While factory, street, office bldg., etc.) While at work DIRECTOR: / at work 2/6/61 21. | certify that (I) (this hospital) attended the deceased from. ... saw the deceased alive 226. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN S NAME (Typa) FUNE ector, 1 23a, BURIAL, CREMATION, CEMETERY OR CREMATORY 23d. -LOCATION (City, town or county) (Stata) 23c. OF REMOVAL (Specify) ÷ a 0 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATMAR 1 0 '6' arthur & Trous

law requires that the death

MARYLAND STATE DEPARTMENT OF HEALTH



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	Item 23 d filem GC03	AIE OF DEATH
P.	1, PLACE OF DEATH o. COUNTY	Z. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
1	Baltimore	Maryland Baltimore
IXI	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
	Owings Mills d NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
		ON A FARM?
	15 Byway Road	15 Byway Road YES NOW
	3. NAME OF DECEASED (Type or print) Elizabeth Long Talbert	Lost 4. DATE Month Day Year DEATH 3-16- 1961
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	10-21-1884 Ost pirthdoy) Months Days Haurs Min.
	10a USUAL OCCUPATION. [Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired) Housewife Home	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Long	Minute Benneden
		Minnie Rannader
	(Yes, no or unknown) (If yes, give war or dates of service)	OMITTE DATE
	T	Robert L. Talbert 15 Byway Rd. Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED SY: Chronic Nephrit:	
	Arteriosclerotic	C-V Disease 5 yrs.
	Canditions, if any, which)	
	gave rise to immediate DUE TO	
	couse (a), stating the <u>under-</u> lying couse lost. (c)	
	Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	O FAMILIE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PERFORMED? YES ☐ NO 🔀
	200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMPLE) none	RRED. (Enter nature of injury in Port Lar Port 19 of item 18.)
)		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. p. m. none 19 While Not while none of work of work	foctory, street, office bldg., etc.) none
		n 12-26-39 to 3-16-61 19 that (1) from las
	21 I certify that (I) (this should attended the deceased from	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		t death occurred at 10:30,446m the causes and an the date stated above
	220. SIGNATURE	ATTENDING MED STAFF M.D PHYS DIRECTOR PHYS. 3-18-61
	22c PHYSICIAN'S	M.D PHYS & DIRECTOR PHYS. 3-18-61
	NAME (Type) D. D. Caples, M. D.	6 Hanover Rd., Reisterstown, Md.
N	230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETER	Y OR CREMATORY 23d LOCATION (City town, or county) (State)
3	REMOVAL (Specify)	
	Burial 3-20-61 Grace Me	thodist Cockeysville Md.
1		MAD 2 4 104
	Br ooks Funeral Service Towson	4. Md. DATE MAR & 1 '61 Circhen S. House

by the funeral director, TO HOSPIT OR ATTIMING INVSICIAN: The law requires that the death certificate be executed within 24 hz.

TO HOSPIT OR ATTIMING INVSICIAN:

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled

rs after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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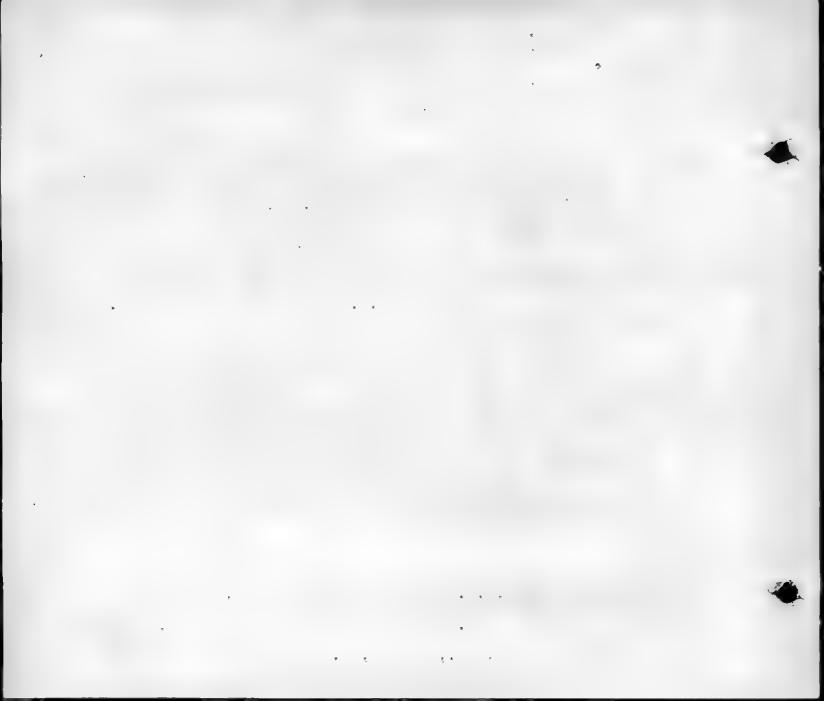
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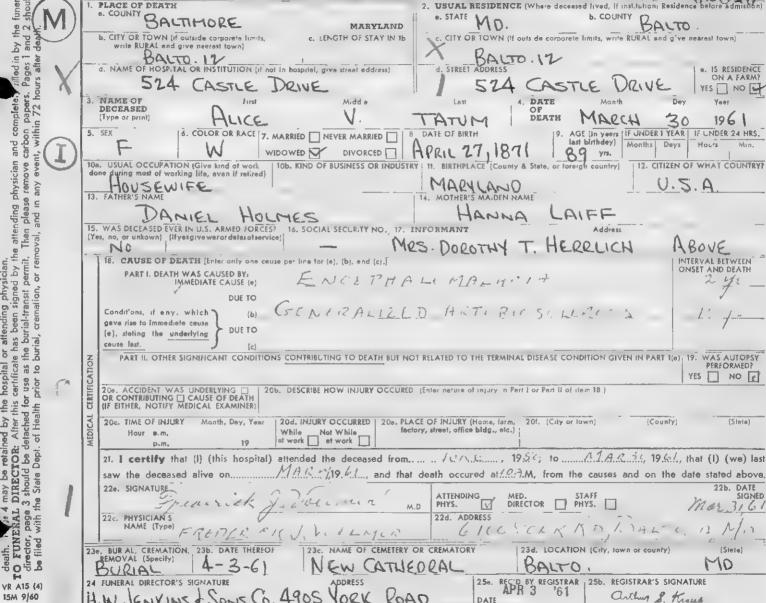
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 1. PLACE OF DEATH . COUNTY ALTIMORE and b, CITY OR TOWN (if outside corporete limits, by write RURAL and give necrest town) = BALTO. 12 (ASTLE papers. 3. NAME OF complete DECEASED (Type or print) within and cor WIDOWED A remove 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE please ding (Yes, no, or unkown) (If yes give we rar detes at service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which certificate has been gave rise to immediate cause **DUE TO** [e], stating the underlying SB use 200. ACCIDENT WAS UNDERLYING TO 1 OR CONTRIBUTING CAUSE OF DEATH

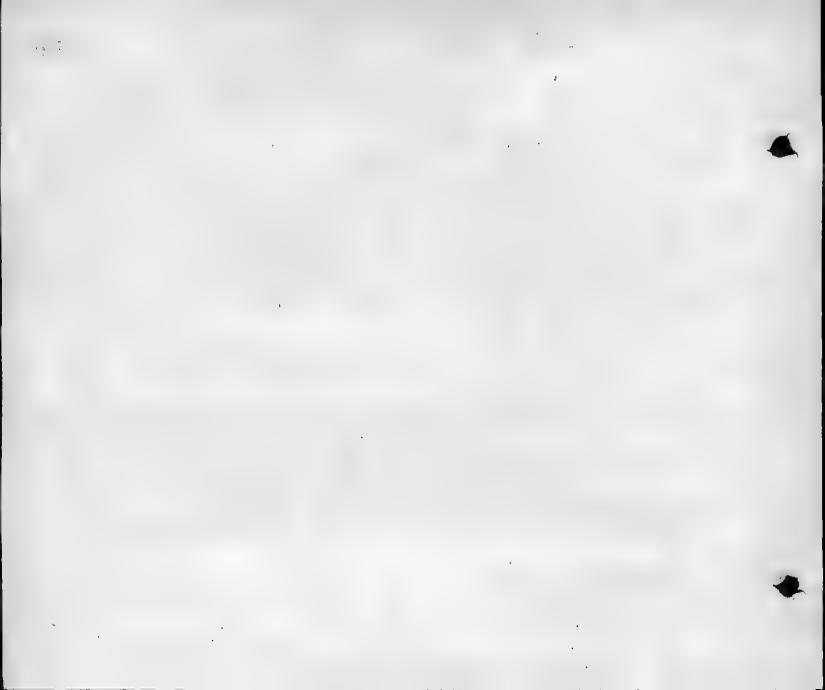
DIRECTOR:

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CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence **b.** COUNTY BALTO. MARVIAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL and g've nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Middle DEATH ATUM 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER I YEAR | last birthdey) Months DIVORCED 11. BIRTHPLACE (County & State, or foreign country) MARYLAND 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMAN MRS. DOPOTHY ERRLICH 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ENCEPHALL MAL 41 GENERALIZED HETERICSILIPE PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of rajury in Pert I or Pert II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While While Hour n.m. at work st work saw the deceased alive on...... 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23e. BUR AL. CREMATION. 23d. LOCATION (City, town or county) (Siete) REMOVAL (Specify)





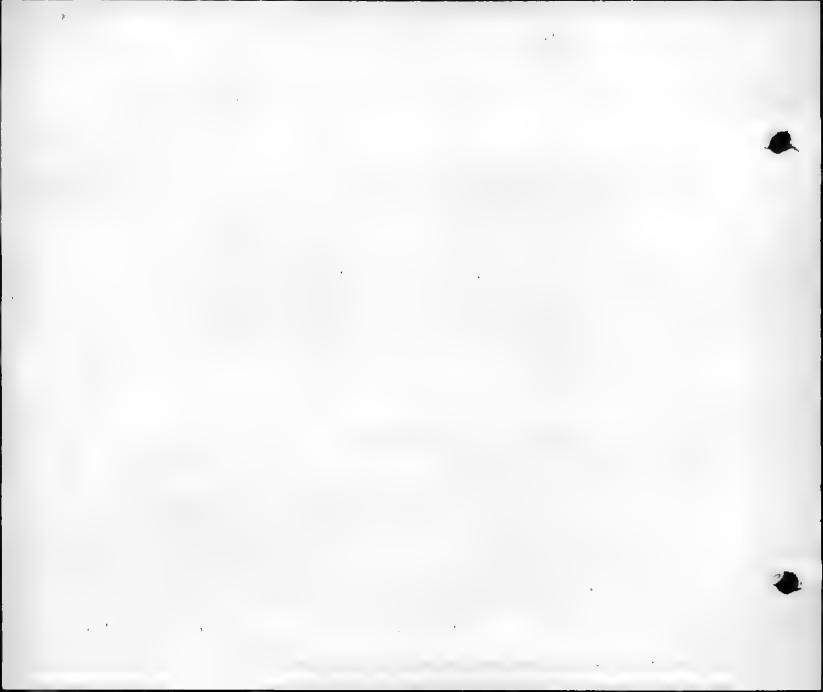
TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE M. Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Catonsville Balt imore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? House In Pines. 16 Fusting Ave. 5105 Edmondson YES NOTE 3. NAME OF Middla 4. DATE DECEASED (Typa or print) John Tatum DEATH March 28/61 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years) IF JNDER I YEAR, IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) Months Days and WIDOWED -Sept. 17,1866 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foraign country) 10a. USJAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Balto. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending unknown ' 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) Chauncey R. Tatum, 5105 Edmondson Ave 18. CAUSE OF DEATH [Enter only one couse per line for (a), ,bi, and (c) , ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Myocardial Insufficiency IMMEDIATE CAUSE (a) Arteriosclerotic cardio vascular disease gave rise to immediate cause DUE TO (e), steting the undertying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY PERFORMED? NO F 20%, ACCIDENT WAS UNDERLY NG I 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED , 20a PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from anuary 11,, 1943, to March 28...... 1961, that (I) (we) ast ATTENDING 22e. SIGNATU SIGNED STAFF DRECTOR 22d. ADDRESS 22c. PHYS CIAN'S NAME (Type) George A. Knipp. 4116 Edmondson Avenue 236. BURIAL, CREMATION, | 236. DATE THEREOF [23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY O F B Loudon Park 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Chillan S. Krous F.D. 4101 Edmondson Ave 15M 9/60 DATE MAR 3 0 '61

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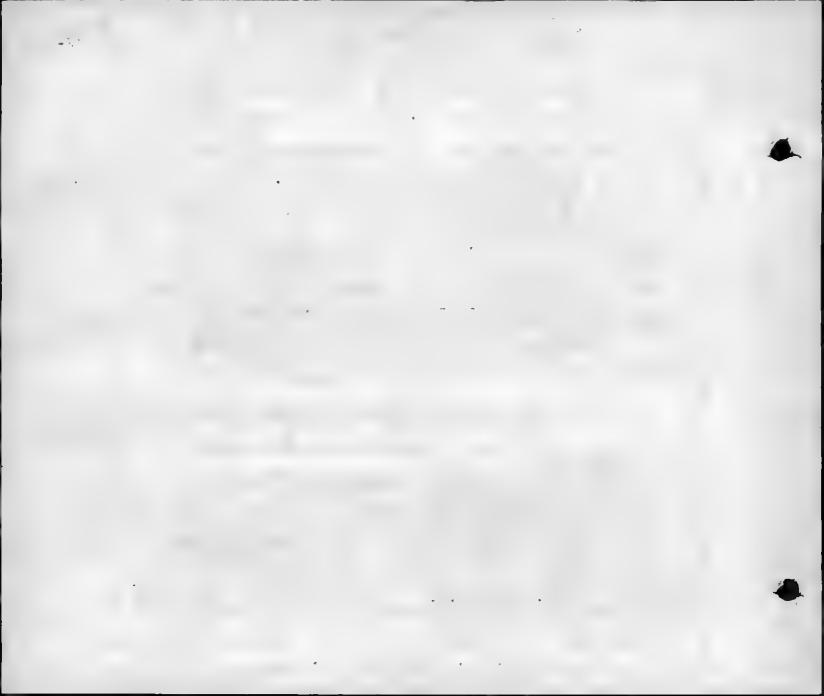
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 286 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, if institution; Residence a. COUNTY Page **b.** COUNTY a. STATE director, Page or your files. Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete | mits, write RURAL end give neerest town) write RURAL and give negrest town! 엉 Upperco (Rural) Upperco (Rural)2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? be retained in the State B YES NO T in pencil in flem 18. Give Pages 1, 2, and 3 to the full Office along with form PM3. Page 5 may be retain surial-transit permit. File pages, Lead 2 with the Sta ovel, and in any event within 72 flours after deal 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) CHARLES REVERDY TAWNEY DEATH Mar. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthdey) Months WIDOWED [DIVORCED Mar. 25. 1888 Male White MEDICAL EXAMINER: This certifical should be emented within 2 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Retired Marvland Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Agnes Taylor Andrew Tawney 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | [lfyesgivewerordetasofservice] Charles T. Tawney, Upperco, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along w burial-transit p movel, and in a INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Angina Pectoris 2 yrs. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) geve rise to immediate cause "pending" Examiner's 40 DUE TO (e), stating the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9), 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 the word Medical NO X should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury in Part I or Part II of Itam 18.) PRIMARY TO or CONTRIBUTING THE CAUSE OF DEATH none none should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 : its designated access. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, 2Df. (City or town) Month, Day, Yeer (County) (State) While Not While none factory, street, office bldg., etc.] none 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XX. Inquiry and in my opinion death resulted from: Natural causes X. Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 3-14-61 D. D. Caples, M. D. 6 Hanover Rd., Reisterstown, Md. NAME (Typa) DEP 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) ₽40 P Balto. Co. Burial 3-16-61 Trenton 23. FUNERAL DIRECTOR ADDRESS 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATEMAR 2 0 '61 Edward C. Tipton, Hampstead, Md. 5M 7/59



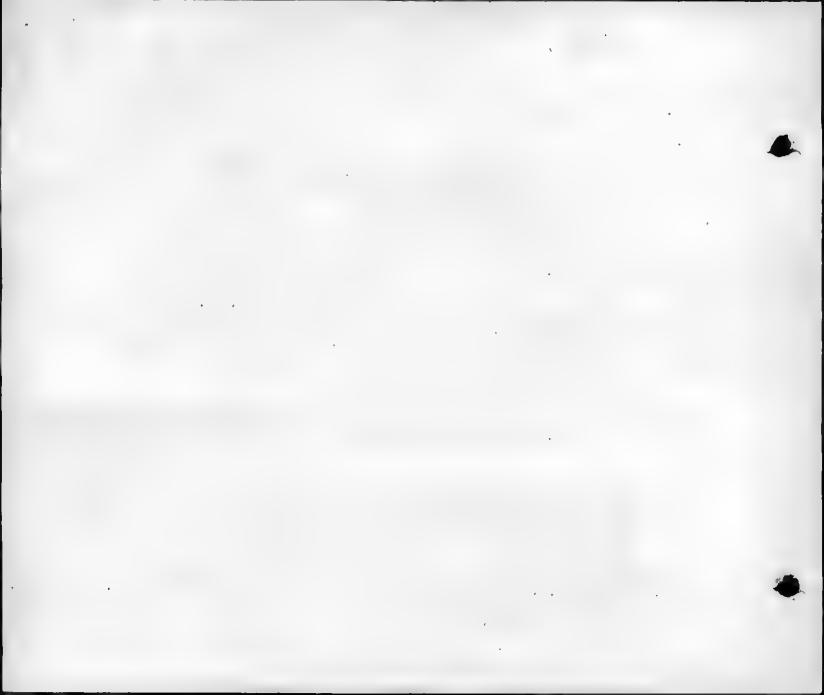


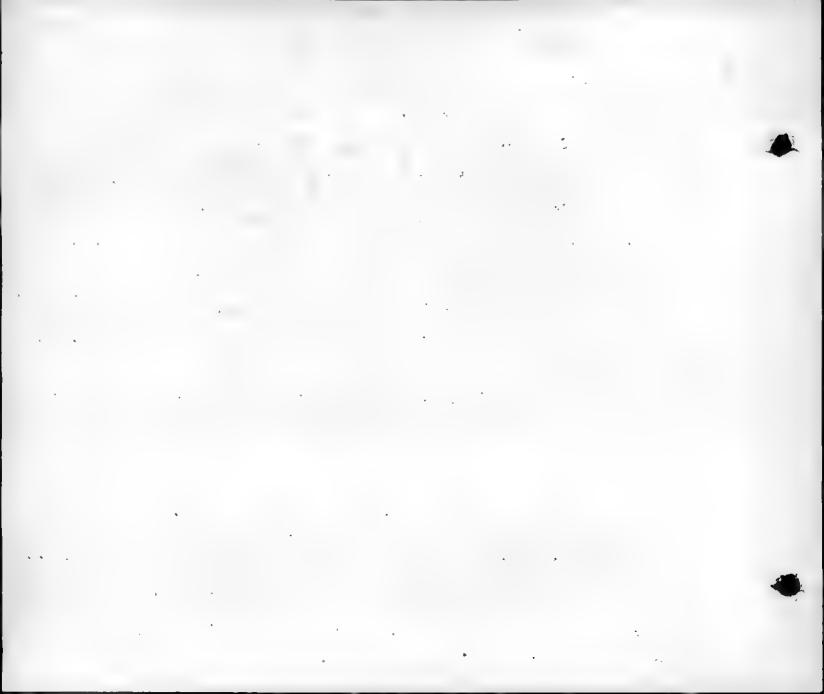
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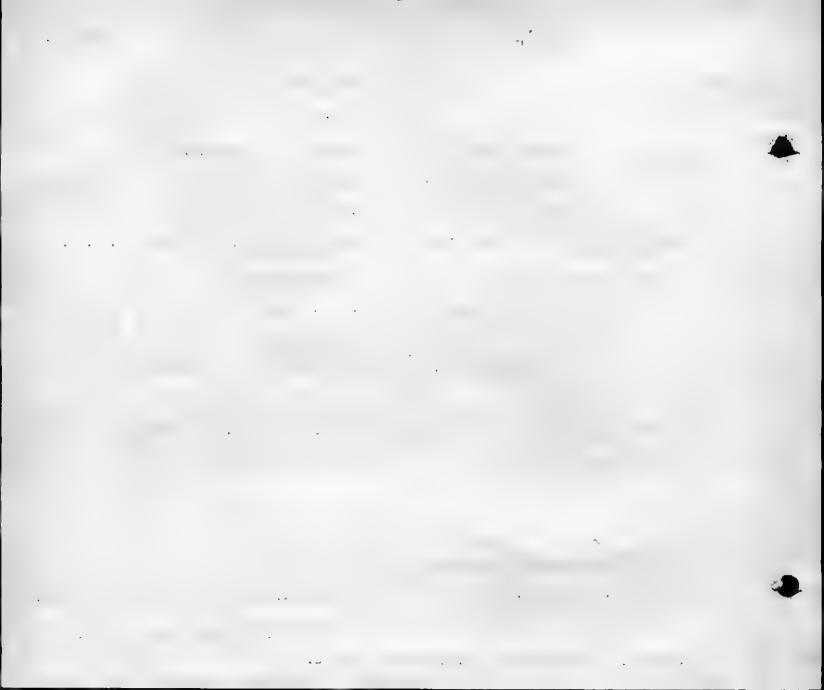


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission, e. COUNTY COUNTY a. STATE \$ C Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete lim'ts, pue c. LENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporate I mits, write RURAL and give neerest town write RURAL and give neerest town) Fort Howard, Maryland 106 Days 408 Pitman Place Baltimore 2, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS ON A FARM? 408 Pitman YES NO X Veterans Administration Hospital Place papers. DATE Year complete Middle S DECEASED (Type or print) DEATH GEORGE 1961 Z_{*} TURNER March physician and co 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE UN Veers HE UNDER I YEAR, IF UNDER 24 HRS. last birthday) Months | Days Colored WIDOWED [DIVORCED [Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE [County & State, or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Barber Barbering Anne Arundel Co. . Maryland U. S. A. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME guip Liddy MN: Unknown George Robinson 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) CLin. Rec., VAH, Baltimore 18, Md., Ft. Howard Div. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY FIDEMA RECENT MMEDIATE CAUSE (a) PYELONEPHRITIS AND PYONEPHROSIS RECENT DUE TO CARCINOMA, BLADDER WITH METASTASIS TO MESENTERIC Conditions, if any, which UNKNOWN gave risa to immediate cause & ILIAC LYMPH NODES (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY 0 PERFORMED? 98 Operations: 1. Pyelostomy, left for ureteral obstruction. Laparotomy 3 20e. ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Pert I or Pert I of tem 18.]
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) 20c. TIME OF INJURY Month, Day, Year (County) lectory, street, office bldg., etc.] While Not While Hour a.m. at work at work DIRECTOR: 21. I certify that to (this hospital) attended the deceased from November 1060 to March 1901. that (1) (we) lest saw the deceased alive on March 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS PHYS. b] 22c. PHYS CIAN'S 22d. ADDRESS CRAHAN, M.D. VAH, BAITTMORE 18, MD., FT. HOWARD, DIVISION death.
TO FU!
directo 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Baltimore National Cem-Baltimore 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Other & Kraus Charles B. Jewis Mortuary, 1639 N. Broadway, Balto DATE MAR 15'61 15M 9/60 13,Md.

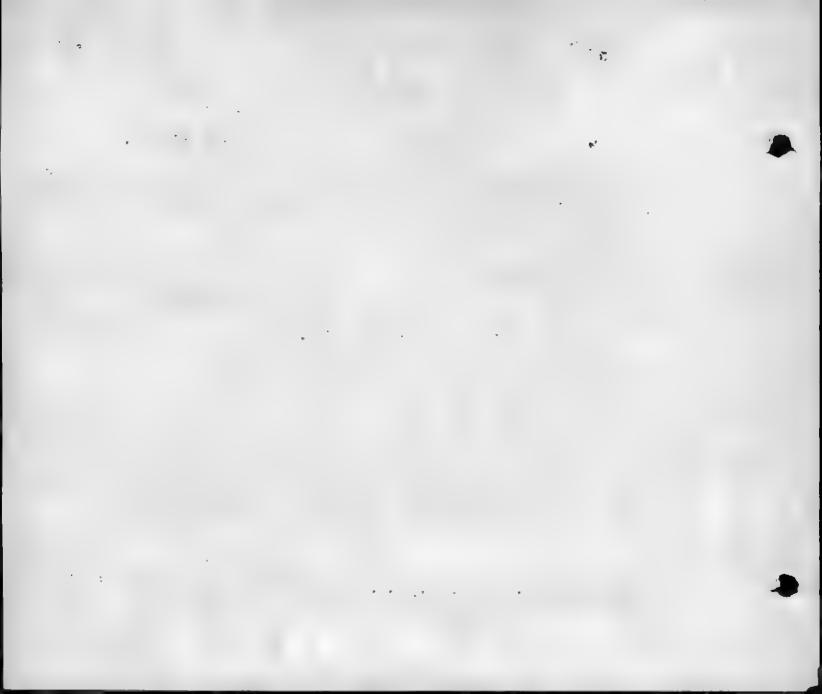


DIVISION OF STATISTICAL RESEARCH AND RECOR STREET, BALTIMORE 1. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edm seton PLACE OF DEATH ia. COUNTY e. STATE **b.** COUNTY Bal timore Ma ry Land MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town write RURAL and give neerest town! Catonsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? GROVE STAT . HOSPITAL YES NO 729 Montford Avenue 4. DATE 3. NAME OF Middle DECEASED OF (Type or print) DEATH Julia Schuland Tvma March 1967 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX B DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR) last birthday) Months | Days Hours white WIDOWED [April 12, 1882 femile DIVORCED TO 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physicia Poland tailor shop Poland seamstress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matthew Tyma Mary Salboszeka 0 Then F 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Addrass (Yes, no, or unkown) | [Ifyes give wer or dates of service] Records: STATE HOSPITAL. unknown 18. CAUSE OF DEATH [Enter on y one cause per ine for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Cardiac failure 3 well IMMEDIATE CAUSE (a) Arlerios eles osus DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER S GNIHCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART 11811 19. WAS AUTOPSY PERFORMED? NO X 200, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of incury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20d INJURY OCCURRED, 20s. PLACE OF NJURY (Home, farm, 20f. (City or town) (Courty) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not While While Hour a.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from July 1955, to March...5..., 19..61 that (I) (we) last ... 19 61., and that death occurred at p.m. from the causes and on the date stated above. saw the deceased alive on March DIREC 22b. DATE 22e SIGNATURE ATTENDING MED SIGNED STAFF 3-5-61 PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S SPRING GROVE STATE HOSPITAL Stella Wachsler, M. D. NAME (Type) director, be filed v Catonsville 28, Maryland 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, | 236. DATE THEREOF 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) Buria St. Stanislaus Roltimore 256. REC D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S &IGNATURE VR A15 (4) BAJE MAR 1 3 '61 15M 9/60 arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH



1 -	Iţ	ms 24 1 F11 2 3 MARYLAND STATE	DEPARTMENT OF HEALTH
THE WINTE		Division of STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
UEALTH DEAT			
DEALIN LICKT.	7	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission as STATE MADUT AND b. COUNTY DAT ITTIMODE
r. Page. files. Health,	L	BALTIMORE MARYLAND	MARTINALD
of it for		b CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	
red cy		CATONSVILLE	× Catonsville
Bog K		d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospital, give street eddress)	d. STREET ADDRESS 2 ANDING TON 1216 Landing Lin Ave. 9. IS RESIDENCE ON A FARM? YES TONO Y
tate this	3	NAME OF FIRST MADINETON AVE.	Last 4. DATE Month Day Year
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ffer 2, and 2 of 1 of 1 of 1	10e	. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY
s 1, and 1 are 7.2	do	CARPENTER CONTRACTOR	MA
hour ages 3. P	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PW3		CHARLES UDES	MARY -
語の音能	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT
th for the formal the	(10	es, no, or unkawn) (Ifyesgivewerordelesofservice) YES WW TI	eys. Catherine M. Ules-1216 Fonding ton Rd
The Table		18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]	INTERVAL BETWEEN
long long ansi		PART I. DEATH WAS CAUSED BY Carbon Monoxide	Poisoning. ONSET AND DEATH
Dencondence and Party and		9'73. / DUE TO	
Parity of Straight		Conditions, if any, which (b)	
s a l		geve rise to immediate cause (a), stating the underlying DUE TO	
icale endi pd a		cause lest. (c)	
ertifi Type Exar Exar tion	<u>N</u>	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED?
o di be	CAT		YES NO E
Abelia (CERTIFICATION	PRIMARY (1) or CONTRIBUTING (1)	(Enter neture of injury in Part I or Pert II of Item 18)
NES ng f ng f ng s l uria	1 - 1	CAUSE OF DEATH. Inhalation of ca:	
Chi de o	MEDICAL	Hour e.m. While Not While	LACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Siele) actory, street, office bidg., etc.)
X 6 4 7 0	¥	6-45 pm. 3/18 19 67 al work at work	car Bltimore 3 lts re la.
TI STEED TO		21. I certify that I took charge of the remains described above, I	
Sent de Charles		death resulted from: Natural causes, Accident, Sui	icide [X]. Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .
DIN SERVICE DE LA SERVICE DE L		ACTUAL Wie Wash	ACC CTANT MEDICAL EVALUATED TO THE DECISION
55 A O W 1		SIGNATURE LETTER VIOLET	DEPUTY MEDICAL EXAMINER March 18, 1961
DEP Case oxecute should be fer FUNERAL its designal		EXAMINER'S Wilkiam V. Lovitt, Jr., M.D.	
DEP Base o should FUN its de	22a	BURIAL, CREMATION, 226. DATE THEREOF 224. NAME OF CEMETERY	
O 0 4 0 0 0 4 4 4 4 4 4 4 4 4 4 4 4 4 4	,	Beneil 3 22-6/ Larraine To	h Cem. Balto. Mid.
YS. A15ME	23	FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
5M 7/59	Tay	sleg Corney 6 J. H Catanville V.	DATE MAR 2 4 '61 Cultury S. Traces



TO DELY CONTROLL STATE S VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2868 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()2850)

. 1. PLACE OF DEATH	d, if institution: Residence before admission)					
Baltimore Maryland b. C	Baltimore					
b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I mits,	write RURAL end give nearest lown)					
write RURAL end give neerest lown) Relatimore Baltimore						
d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS	. IS RESIDENCE					
523 Goucher BLVd 523 Goucher Bo	ulevard YES NO K					
3. NAME OF First Middle Last 4. DATE N	onth Day Yaar					
(Type or print) John L. WALTERS, Jr. DEATH M	arch 23, 19 61					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In y last brithd	oars IF UNDER 1 YEAR IF UNDER 24 HRS.					
Male White WIDOWED DIVORCED 3 - //-/9/0 50 ye						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?					
CROWN-CORK-& SCAL CO TOWSON, MIC	1 4514					
13. FATHER'S NAME	m 2 - 1					
JOHN LI WALLERS, DR HICE ///	///HISE/					
	fress					
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),	BAKER					
PART I DEATH WAS CAUSED BY. Myocardial inferction of interventricula	INTERVAL BETWEEN ONSET AND DEATH					
A Los As						
Condition & and out to be	720. septum.					
Conditions, if eny, which (b)	79.					
(e), stating the underlying DUE TO						
(6)	GIVEN IN PART I(a), 19. WAS AUTOPSY					
DELAKTION TO THE PROPERTY OF T	PERFORMED?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED. (Enter noture of injury in Port I or Port II of Item 18.) RIMARY Or CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF	1,20					
PRIMARY Or CONTRIBUTING CONTRIB						
ZOC. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour e.m. While Not Whila fectory, street, office bldg., etc.) et work st work	(County) (State)					
Hour e.m. While Not While fectory, street, office bldg., etc.}						
21. I certify that I took charge of the remains described above, held an Autopsy X Inspection . In	quiry . and in my opinion					
death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermine	d manner					
CHIEF MEDICAL EXAMINER						
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	Mameh 21. 3043					
EXAMINER'S William W. Lovitt. Jr. M.D. DEPUTY MEDICAL EXAMINER	March 24, 1961					
Address (Street, city, town, or county) 226. BUR.AL, GREMATION. 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, I	own, or country) (State)					
REMOVAL (Specify) 3-28-11 Man-In-12 PR	To Md					
23 FEMERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 24b.	REGISTRAR'S SIGNATURE					
Lange of Krick 5305 Hackord						
	arthur & Track					



MEDICAL EXAMINER'S 00.1 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed fived, if institution, Residence before admission) a. COUNTY and director. Page of for your files. **b.** COUNTY Baltimore Marvland-Raltimore Hea.t MARYLAND b. CITY OR TOWN (if outside corporeta I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) write RURAL and give neerest town) ŏ Baltimore 0 d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) Po d STREET ADDRESS . IS RESIDENCE ON A FARM? Goucher Boulevard State YES NO death. NAME OF Last DATE and 3 to the to DECEASED OF the 19 61 B. WALTERS March (Type or print) DEATH with 6 COLOR OR RACE 9, AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH may | and 2 w lest birthday) | Months WIDOWED This certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, evan if ratired) pages 1 in pencil in Item 18. Give Pages dICA SECRETARM FATHER'S NAME SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN L.S. ARMED FORCES? (Yes, no, or unkown) | (If yas give wer or dates of service) permit. Office along with 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Generalized arteriosclerosis. IMMEDIATE CAUSE (e) THE REAL PROPERTY. burial removal, Coronary Insufficiency. Conc ons, if any, which (b) gava risa to Immediata cause Ю Examiner's **DUE TO** (a), stating the underlying 200 cause last. used cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 the word NO [Medical Should 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief
FUNERAL DIRECTOR: Page 3: cute the certificate, writing 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Year (County) (Slata) fectory, streat, office bldg., etc.) While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry Natural causes Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE March 24. DEPUTY MEDICAL EXAMINER EXAMINER'S Lovitt. Jr., M.D. NAME (Typa) Address (Street, city, town, or county) DEP 22a. BURIAL, CREMATION .. 22b. (State) MEMOVAL (Spacify) 0 0 à DUNERAL DIRECTOR VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH

PRESTON STREET, BALTIMORE 1, MARYLAND

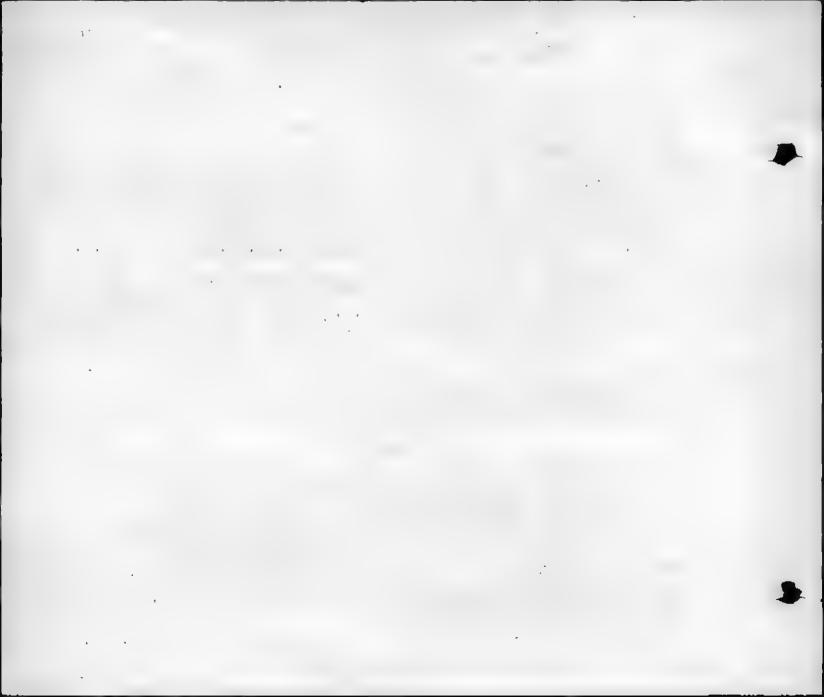


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oge 4		TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled with the funeral director.	d with	1
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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	2870 CERTIFICATE OF DEATH Reg. Dist. N() 2852
	o. COUNTY Balting are MARYLAND 2 USUAL RESIDENCE (Where declosed lived. If institution: Residence before admission) o. STATE The areflicine b COUNTY Baltinger
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) So ark & Spark S
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Cartier Battery Rel # 1 Lichen Battery Rel # 1 Per 13 RESIDENCE ON A FARM? YES 1 NO 187
	3. NAME OF DECEASED (Type or print) Toseph Middle Watkins OF DEATH march 2/ 1961
h.	S. SEX Male COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 1876 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) WIDOWED DIVORCED 14 February 1876 9. AGE (In years lost birthdoy) Months Days Haurs Min
	10a. USUAL OCCUPATION (Give kind of work done lob KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY Cretty Boy Dama Rela
	13. FATHER'S NAME UNKNOWN 14. MOTHER'S MAIDEN/NAMÉ UNKNOWN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT, (Yoz. no. or unincount) (Il yea, give wor or dates of service) NOTIC Daughter Elly Dorsoy Same
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Caraliac decay employees after of colours.
	Conditions, if any, which (b) arteric pellers the cardie vascular disease 15-year
	couse (a), stoling the under- lying cause lost. DUE TO (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 of work of work of location of loc
	21. I certify that I attended the deceased from 1946 to human 1961, that I last saw the deceased olive on 2 March 1961, ond that death occurred of 130 AM, from the couses and on the date stated above
	ACTUAL Valtu T. Kees Cockey swille 21 march of
	PHYSICIAN'S WALTER T. KEES manyland
	220. BLRIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BUFFIAU 3-24-196/STEVENSON A. M.E. SPARKS MARY LAND 23. FUNERAL DIRECTOR'S SIGNATURE 9/6 ADDRESS PENNAL AVE 240 RECISTRAR'S SIGNATURE
	WILLIAM A- VACK 75 N FUNE 18 AL LIN DATE MAR 2 3 61 CHILD
	- *



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 2872 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission o. COUNTY Baltimore D. STATMO Filed b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give pearest town) Catons ville 200 Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE or institution Joseph Nur. Home ON A FARM? 34 Oakleigh Rd. YES NO NAME OF Middle Month Yeor DECEASED Weber (Type or print) DEATH March 10 19 IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months Feb. WIDOWED [DIVORCED | per 10a. JSUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? bd during most of working life, even if retired) Hoch. Kohn Baltimore Cashier Retited 6 after 3. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Sarah Lewis Otto томе 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. **INFORMANT** Address 32nd St. Brother 18. CAUSE OF DEATH [Enter only one couse per line/for (o), (b), and (c).] INTERVAL BETWEEN Lewalized Carguo mators ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate DUE TO couse (a), stating the underlying couse lost. **burjal-transit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d, INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work March 10 196/ that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at. ACTUAL SIGNATURE KUPIRKA Catousville PHYSICIAN'S NAME (Type) ന 220. BUR AL CREMATION | 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote)

Mt Olivet Cem

24b, REGISTRAR'S SIGNATURE

Chilling S. Heart

DATE MAR 1 6 '61

AS VIEW SAN THE MACKET AND THE MACKE

23. FUNERAL DIRECTOR'S SIGNATURE

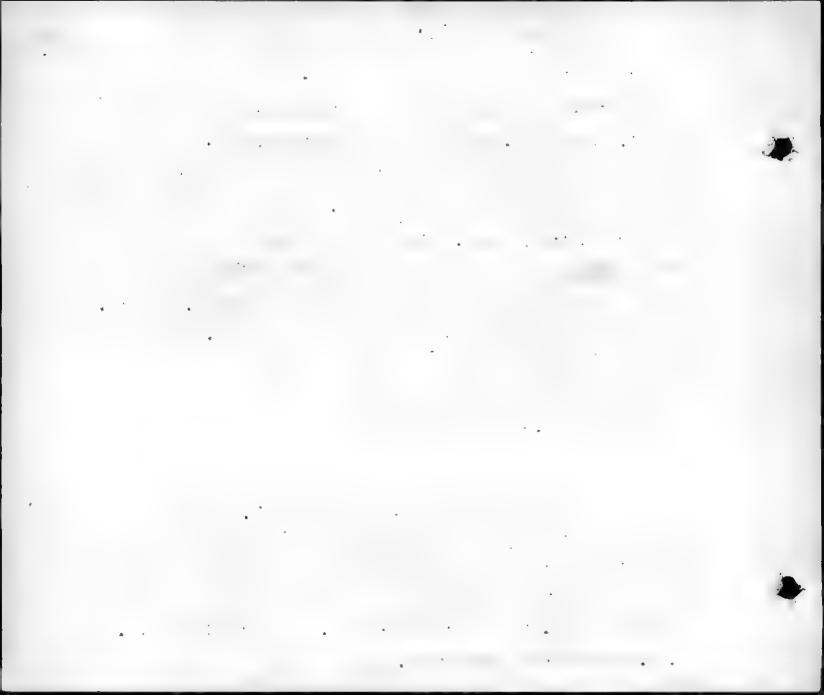
A. Heemann 6067 Harford Rd.

director

funeral

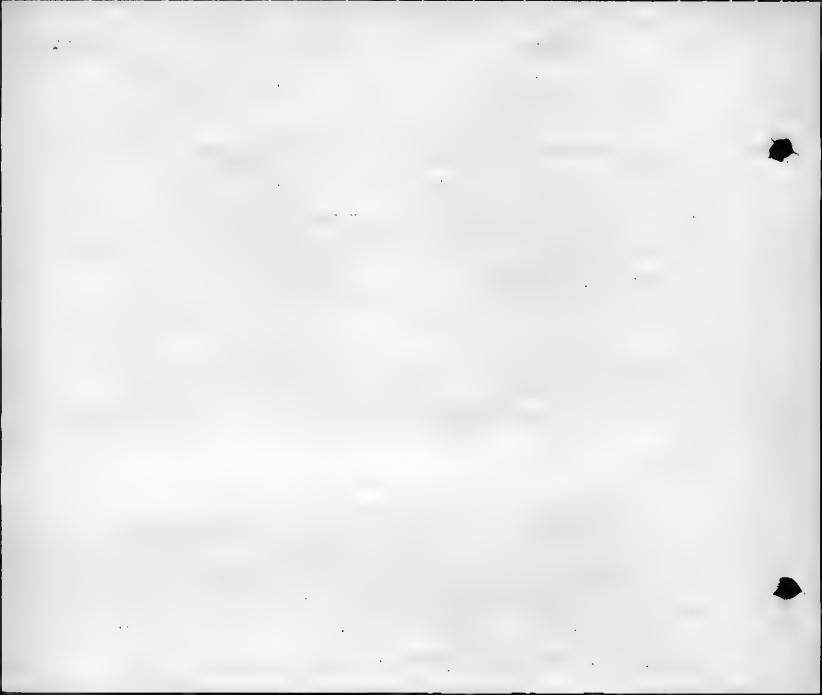
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. /	1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARTLAND
h 7570	and the		2873 CERTIFICATE OF DEATH	-02855
funera should	A H	1.	PLACE OF DEATH	Residence before admission
urs s	M		Baltimore MARYLAND . STATE Md. 6. COUNTY 700	* 1
t hou by the and death			b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL an	d give namest town)
24 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			write RURAL and give nearest town)	
afte	44	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	. IS RESIDENCE
Pag Vins	P L		2532 Windson Road # 2532 Windson Road	ON A FARM?
eler, pers. '2 ho		3.	NAME OF First Middle Last 4. DATE Month	Dey Year
mple pap (n 77	1		OF DECEASED (Type or print) Road / Smith "elloner On DEATH 2	26 19 67
	I	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER)	
and cc carbon t, with	رت	m	Months Months	Days Hours Min.
cale ian ven	-	10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State or foreign country) 12, CI	ZEN OF WHAT COUNTRY
rtifii /sici		100	Ret. Assemblyman Bendix Corp. Maryland	USA
ph)		13.	FATHER'S NAME	-
ing leas			Bozil S. Wellener. Sr. Kate W. Hamill	
e d enciencien in p			WAS DECEMBED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17, INFORMANT Address	-
t the sale		(14	15, no, or unkown) (Ifyasgivawarordatasofsarvica) 21507065LA Elenora Wellener same	2
Far Hard		5 3	18. CAUSE OF DEATH [Enter only one cause par ine for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND PEATH
ires sicia I by			PART I. DEATH WAS CAUSED BY: GOLODO TO CIVY / MECH DOS/S	ONSET AND DEATH
on,			DUE TO	1
ng n			Conditions, if any, which > 16) Cl2 Years eterate Candle Vascular	ix la CHALL
e la indi indi indi-			gava rise to immadiate causa	The first of
The affect as I burn ial,			cause last.	
Par de principal de la company		Z	PART II. OTHER & GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	TI(e) 19. WAS AUTOPSY
CIT pital fica fica fica to		ATION		PERFORMED?
PSI hosp certs use use		H	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Part I of Part I of Itam 18.] OR CONTRIBUTING CAUSE OF DEATH	,
PH his for		CERTIFI	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
by lear the	V	3		inty) (State)
Afr Afr etac of F		MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)	
CEN COR: Se d				(0:/that (I) (we) las
P P P P P P P P P P P P P P P P P P P			saw the deceased alive on 2.5. Make 1.19 Co. 1, and that death occurred at 1.4.M., from the causes and on	· ·
R P P P P P P P P P P P P P P P P P P P			22h SIGNATURE	22b. DATE
3 S S S S S S S S S S S S S S S S S S S			ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 127-	111 n 1-0 /- 16/1
AL H			22c. PHYSICIAN'S 22d ADDRESS	LENT F. T.
N. P.			NAME (Type has let filmonds 2746 This A latter	da
death. 1 O FUNE director,			BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	y) (State)
O o o o o			ourial 3-29-61 Moreland Mem. Park Baltimore, Md	•
VR A15 (4)		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S	
15M 9/60	į		Leonard J. Ruck 5305 Harford Rd. , DATE MAR 29'61 Outline &	P. Kraisa
		*		

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M III/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2874 CERTIFICATE OF DEATH

12856

1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
		a. COUNTY RACTION	a. STATE
1		MARYLAND MARYLAND	- Ma Davumore
		b. CITY OF TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write BURAL and give nearest town)	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
		E a trusville	Potonsville "
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address)	d. STREET ADDRESS
			ON A FARM?
	. 6	Depart Stook Conv. Home	23/0/Camporothe Wars NO
	3.	NAME OF First Middle	Last 4. DATE Month Day Year
		OECEASED (Type or print)	DEATH DOWN of 10 10/2/
		The transfer of the transfer o	AW THE THE THE THE
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	۲.	to good (1) Youth WIDOWED IN DIVORCED IN	Months Days Hours Min.
◢	10e	E IMPOLE O VICE	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	do	ne during most of working life, even if retired)	
		nonseurle dom.	mel 0.5.2.
	13.	FATHER'S NAME	14. MOTHER S MAIDEN NAME
		111 11 11	- Phane
		John Juliens	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 31, 31, or, or unknown). (If yes give we rordetes of service)	NFORMANT Address
	710	s, nd, of dinkowill (ITY as give wer of delessors service)	Olhones Willelate
	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).,	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (0) FILE CE LUZZE CE	Discarrietanie 4687
		DUE TO	
		1) 1 / UA	12 Jun 1900
		geve rise to immediate ceusa (b)	
		(a), steting the underlying DUE TO	, , , , , , , , , , , , , , , , , , , ,
		couse lest.	3202 chirosin 1572"
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HALL 19. WAS AUTOPSY
	TION		PERFORMED?
	3		YES NO M
	CERTIFICA		(Enter neture of injury In Pert or Pert II of Item 18.)
1	E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
			00.000000000000000000000000000000000000
	ō.	E-4	CE OF INJURY (Home, farm, 201. (City or town) (County) (State) ory, streat, office bidg., etc.)
	MEDICAL	Hour a.m. While Not While reck	
	1		0 - 21 10/2 - 3-10 10/1 11/03/21
			3 3/- 1942, to 3 100, 1964, that (I) (we) last
		saw the deceased alive on 2-10-19.01., and that	death occured at S.M.M., from the causes and on the date stated above.
		22a. SIGNATURE	22b. DATE
		Tilaner K. Tudlanin	ATTENDING MED. STAFF PHYS. PHYS. STAFF
		22c. PHYSICIAN'S	22d, ADDRESS
		State (final)?	1 23 17 25 27
		MAME (1990) 11/31ET A. Ealloger, M.D.	6209 Indemel an Doil 28, and
	23	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (State)
	1	SENOVAL (Specify) 3/18/6/ 27+ 1/12	has chround to mot.
-	1	man of of all the	LOS DESIGNATIONS OF DESIGNATIONS CONTRACTOR
	34	ONERAL DIRECTOR'S SIGNATURE	256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
-	-	THE START + WON 20	DATMAR 1 4 '61 Cirthur S. Ftrans



MARYLAND STATE DEPARTMENT



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2876 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. STATE MARYLAND c. LENGTH OF STAY IN 1b d. STREET ADDRESS Middle

Ellsworth Armacost-4600 Liberty Hghts. Ave

a. COUNTY b. COUNTY Baltimore Baltimore Marvland b. CITY OR TOWN (if autside carparate limits, write c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Dickevville d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION e IS RESIDENCE ON A FARM? Shady Nook Nursing Home 5002 Wetheredsville Rd YES NO X NAME OF DATE Month Year DECEASED WETTSTEIN FLORENCE (Type or print) Α. DEATH March 61 b 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Haurs White Dec. 25, 1885 75 Female WIDOWED 🕅 DIVORCED [YES 10a. USUAL OCCUPAT ON (Give kind of wark dane during most of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Delmont Angel Atta Roat WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mrs. Ruth W. Carter-5608 Dogwood Rd. No 391-24-7894 CAUSE OF DEATH | Enter only one cause per line for (a). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stoting the underlying cause lost CERTIFICATION PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?. YES 🗍 NO 🗗 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, form, Month. Doy, Year 20d, INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Not while 19 at wark at work p. m. 21 I certify that k attended the deceased Lithat I last saw the deceased fram M, from the causes and an the date stated above. alive an that death occurred at A ond ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S ROBERT A. REITER. NAME (Type) Garrison Blvd. & Windsor Ave M.D 220 BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial ′8 1961 Lorraine Mausoleum Woodlawn Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24h. REGISTRAR'S SIGNATURE MAR 9

DATE

Reg. Dist. No

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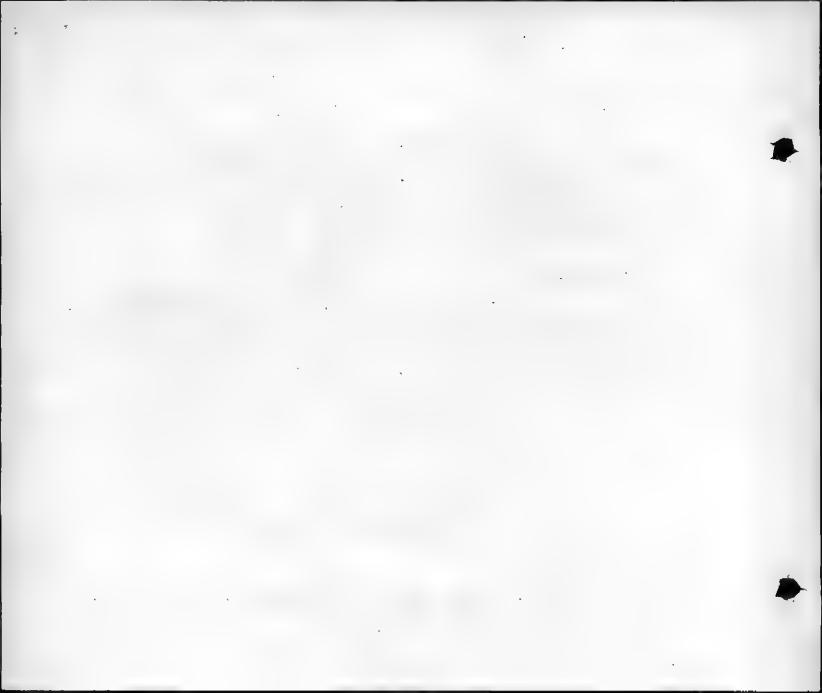
with director, 귷 funeral 몽 shoo the N. Filled Pages le y comple papers. death PHD carbon after physicion haurs remove 72 attending pleose within the Š mi: signed per burial-transit peen has þ haspital detached DIRECTOR: è prior ed 3 should registrar FUNERAL pode 0

that the deoth certificate be

ofter death. Page

PLACE OF DEATH

VS A15 (4) 15M 9/5B



15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e IS RESIDENCE

ON A FARM? YES NO

Year

19 6

more

Hours

INTERVAL BETWEEN ONSET AND DEATH

7 days

PERFORMED? YES NO T

(State)

DATE SIGNED

7 (Stole)

Doy

Days

(County)



VS A15 (4)

15M 9/5B



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH nome

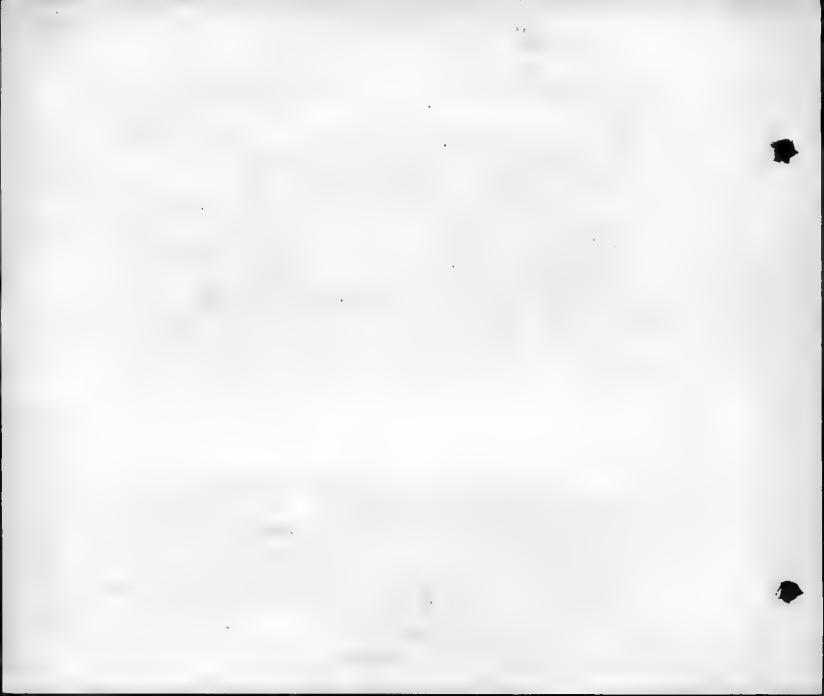
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	6819	CERTITIO	AIL OI DEAIL			
PLACE OF DEATH o. COUNTY	Battim	ase MARYLAN	IL O STATE	here deceased lived. If institute b. COUNT		1
b. CITY OR TOWN (If	outside corporate limits, write prest town).	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (IF	alternol	RURAL and give nea	rest town)
OR INSTITUTION	AL (If not in hospital, give street	wo Red.	d. STREET ADDRESS	5 norve	Rol.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Louis	Wolf	Wolfe	4. DATE OF DEATH MAS	onth Do	y Yeor 196
male	Certite WIDOW	RIED NEVER MARKIED [8. OF OF BIRTH	9. AGE (in year last birthday)	Months Days	Hours Min.
during most of yorki	N (Give kind of work done 10b ng life, even if retired)	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	S. a
13. FATHER'S NAME	Jacob W	'alfe	14. MOTHER'S MAIDEN I	MARE ?		
IS. WAS DECEASED EVEN	IN U. S ARMED FORCES? 16 yes, give war or dates of service)	SOLIAL SECURITY NO	Blanche	Walfe -	dress Sam	re
	nmediote (anciona de la	of lunge	ville cuposta	ONS	SET AND DEATH
Catic	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	inal disease condition o	GIVEN IN PART 1(o) 1	9 WAS AUTOPSY PERFORMED? YES NO
U (IF EITHER, NOTIFY	S UNDERLYING 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED (Enter noture of injury in	Part I or Part II of item 18)		
ZOC TIME OF INJURY Hour o.m.	While		PLACE OF INJURY (Home, farm factory, street, office bldg., eld	n, 20f. (City or tawn)	(Caunty)	(State
21 1 certify that	(1) (this haspital) attened alive an 310/61		m 2 1 6 19	A STATE OF THE PARTY OF THE PAR		at (1) (we) last
22c PHYSICIAN'S	indelle		M.D PHYS D	ED STAFF PHYS.	0 -	SIGNED
NAME (Type)	Multon A	23c NAME OF CEMETER	6410	23d. LOCAT ODJ (City, town	of mile	Kd.
REMOVAL (Specify)	3/19/61.	Kaussita	Assael	Alnne	epolie	md.
24 FUNERAL PRECTOR'S	n & Blos She	6010 Restl		YAR 21 '61	Elstrar's signatul C Ilun S. Ki	

ofter death Page 4 the funeral director, filed with TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 F may be to made by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Finges 1 of the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 havy after death.

VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 2880

2880	CERTIFICA	ATE OF DEATH		teg. Dist. No.(12862
1. PLACE OF DEATH COUNTY Reltimore	MARYLAND	2 USUAL RESIDENCE (When	e deceased lived. If institutions b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNGALK	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (If out	side corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of institution R. 3., 1924 Hase Ime re	Road	d street address 1924 Has	elmere Rd.	. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF First DECEASED (Type or print) GLORA	Middle	WOODARD	OF March	24, 19 61
S. SEX Female 6. COLOR OR RACE 7. MARR WIDOWE	40 1011 40	Jan. 17, 19		Aonths Doys Hours Min.
10a USUAL OCCUPATION (Give kind of work done) 10b during most of working life, even if retired) HOUSEVITE	KIND OF BUSINESS OR INDUS	Virgini	.ε.	U.S.A.
13. FATHER'S NAME		14, MOTHER'S MAIDEN NA		
John Docision 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 317. #	Alice NFORMANT	Le alte	
(Yes, no or unknown) 14 O (Hyes, give wor or dates of service)		es. Julia Br		elmere Rd. 22
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under. lying couse last.	4. of Ga	atosis A Bladd		UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 200 CONTRIBUTING CAUSE OF DEATH 200 C. TIME OF INJURY Month, Doy, Year 20d. II 4 Hour o.m. 9, m 19 of wor'	tretto	D (Enler noture of injury in Po		IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. II Hour e. m. p. m 19 of wor'	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an 23/22, 19 S ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W. H. M. O.	/			that I last saw the deceased d an the date stated above, DATE SIGNED 22 Mg 16
226. BURIAL, CREMATION, 226. DATE THEREOF 3-27-1961	Loudon Pa.	rk	red LOCATION (C'ty lown, or Frederick R	Md.

MAR 2 8 '61

Ciriling S. Kraus

J. DUDA 7922 Wise Ave, 22, Md.

may be to by the haspital or attending physician.

O FUNEY INRECTOR: After this cartificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to buriol, crematian, ar remaval, and in any event within 72 hours after death. may be TO FUNE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hg

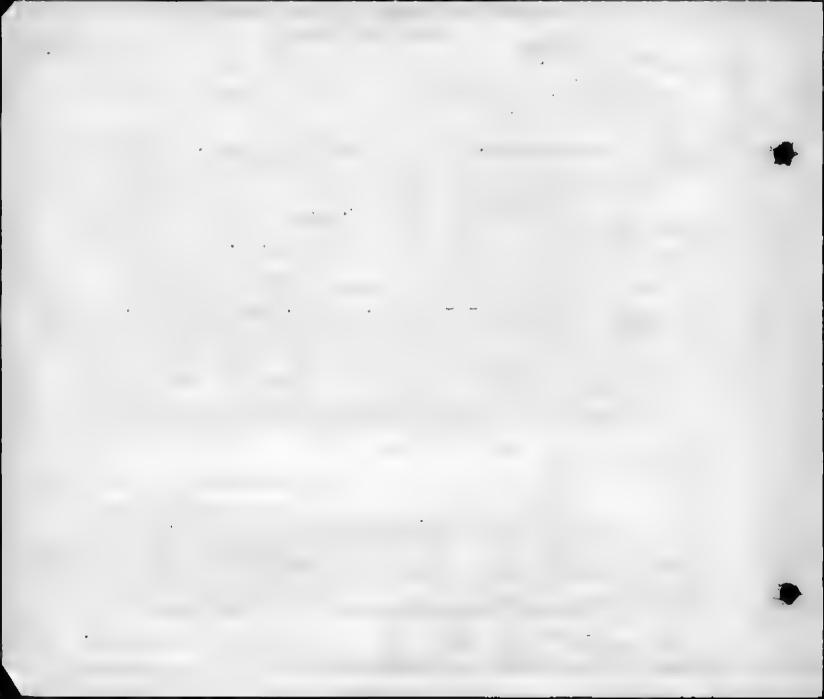
rs after death. Page 4

TO HOSPI VS A15 (4) 15M 9/S5



VS A15 (4) 15M 9/55

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										
			200	*	CERTII	:IC/	ATE OF DEA	TH		Rog. Dist. I	No. 1) 2	2865
	1. PLACE OF DEATH o. COUNTY Baltimore			MARYLAND 2		2. USUAL RESIDENCE o. STATE		lived. If institution b. COUNTY	Residence b		sion)	
7	(b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL a										n)
	,		ITAL (If not in hospital, pi	ve street			d. STREET ADDRES					SIDENCE A FARM?
	3. 1	NAME OF DECEASED (Type or print)	1 2 ude Fin		Edw I NA		Losi	4. DATE OF DEATH	Month	1	Day	Yeor
	5. \$			7. MARE	IED NEVER MARRIE		B. DATE OF BIRTH		lost birthdoy) A	UNDER I YE	_	19 6 ER 24 HRS. Min.
	10a	. USUAL OCCUPAT	ION (Give kind of work d orking life, even if retired)	one 10b.		_	STRY 11. BIRTHPLACE (S		Unitry)	12. CITIZEN	OF WHA	COUNTR'
1	13.	FATHER'S NAME		Til 200			14. MOTHER'S MAID	EN NAME	n len e sen		OA	
1	15. (You	WAS DECEASED EV	Unknown Mc	rvice)	U		NFORMANT s. Filton R	nknown U	Address	Rt. 1	۲ (20)
		18. CAUSE OF D		se per li			lay Ac	cide		, III	NTERVAL BI	ETWEEN
		gove rise to couse (a), stoling lying couse lost	immediate DUE TO	<i></i>		ou	<u> </u>	o - vaven	an and	and	0	you -
	CERTIFICATION	Part II. O	THER SIGNIFICANT CONE	ITIONS C	ONTRIBUTING TO DEA	н вит	NOT RELATED TO THE TE	ERMINAL DISEASE	CONDITION GIVEN	I IN PART 1(o	PERFO	AUTOPSY ORMED?
		200 ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	TRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury	in Port I or Port	II of item 18)			
	MEDICAL	20c. TIME OF INJU Hour a. j. p. m.	10	While	IJURY OCCURRED Not white of work	for	ACE OF INJURY (Home, story, street, office bidg.,	form, 20f. (City	or lown)	(Coun	(y)	(Stale)
21. I certify that I attended the deceased from Jan I alive on March 29, 19 of and that death occurred the Blanch Grand M.D. Barry Gueller M.D.						occurred at 2:2	M, fram	the causes and eet, city or town, you	d on the c	date stat	decease ed abav ATE SIGNE	
	06	NAME (Type)										*
		REMOVAL (Specif	<u>li=1-1961</u>		22c. NAME OF CEMET			22d. LOCATI	ON (City, town, or o	county)	(Sto	te)
í	23.	FUNERAL DIRECTO	Fisheral .	Home	ADDRESS 2 7461 /k	Pelle	/	APR 3 16		LAR'S SIGNAL		



TO HOS L. OR ATTENDING PHYSICIAN: The law requires that the death of may be retained by the hospital or attending physician.

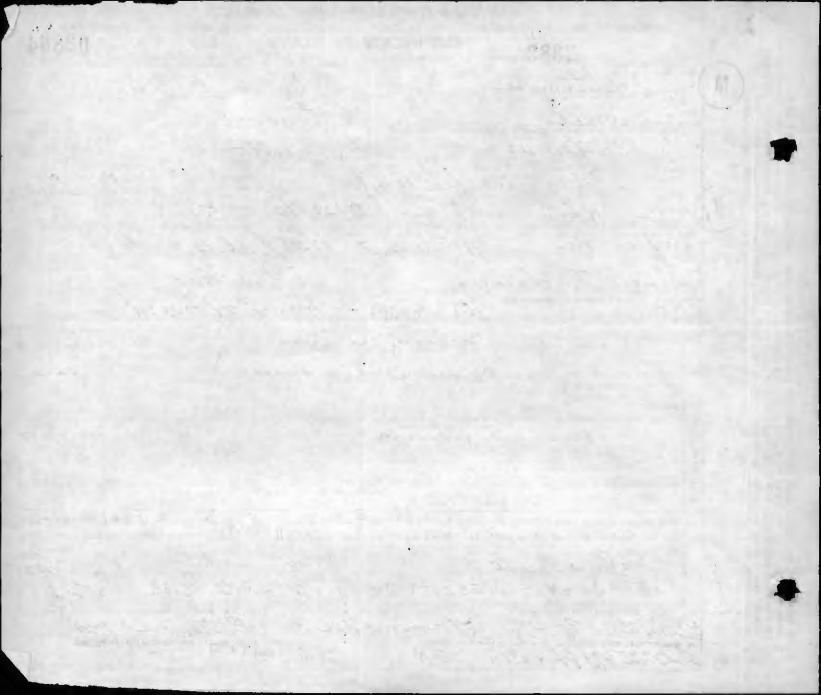
Ye are a may be retained by the hospital or attending physician.

Ye IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. in 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()2864

- 1	6004		
J	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	esidence before edmission)
1	a. COUNTY	e. STATE D. SOUNTY	
ı	MARYLAND MARYLAND		rose-
4	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write BURAL and give neerest town)	c. CHTOR TOWN (If outside corporate timits, write RURAL and	give neerest town)
ı	Cationonelle	(atonovilla	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	I . IS RESIDENCE
1	260 46	2/ 1	ON A FARM?
1	in won and	and allon all	YES NO
1	3. NAME OF First Middle	Last 4. DATE Month	Day Yeer
ı	(Type or print)	OF DEATH 3	1/ 196/
1	Jan 1, opini	~ '	
ľ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Y last birthday) Months D	YEAR IF UNDER 24 HRS.
1	Male White WHOWED V DIVOACED OF	2/22/10 5/yrs. Months	eak? Month Willi'
1	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	done during most of working life, even if refired	1 bolist 1 1	//
	challe man. shiter - sansport	The mores	. 5. 22
١	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	noil of Ilan	mark	
	July Goung	meran	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Appross	
3	no 1081-09-895	4 Was 5 H Award	
1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	t state of the second	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	7	ONSET AND DEATH
	IMMEDIATE CAUSE (e)	cellucion	160.
١	UDD. DUE TO		
	Control of the second of the s	ley disease	111000
	geve rise to immediate cause	Cay was	1 4000
	(e), steting the underlying DUE TO	V	,
	cause lest. (c)		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
	P 7 - 10 (1		PERFORMED?
1	3 allered hypertonsian		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CITETIAL STATEMENT OF DEATH BUT NO 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH 10 10 10 10 10 10 10 1	. (Enter neture of injury in Pert I or Pert II of item 18.)	
	U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		CE OF INJURY (Home, ferm, ' 20f. (City or town) (Coun	ty) (Stete)
		ory, street, office bldg., etc.)	(2) (2) (3)
1	p.m. 19 at work et work		
Į	21. I certify that (I) (this hospital) attended the deceased from	7-8-15 1054 in January 11 101	6 / shee (1) (see) local
	() (1)		
3	saw the deceased alive on Wareful 1961, and that	death occured at 11:2M, from the causes and on the	
1	220. SIGNARURE	ATTENDING MED STAFF	22b. DATE SIGNED
	forma heart of. M.	a min Till a managa and a minis	3-13-4
	22c. PHYSICIAN'S 1	22d. ADDRESS	- 14 11
	NAME (Type) JOHN A. NESBITTIJA	1118 St Paul St., Balliane	2 1/4/
			- 1 Police -
	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	Chemphon 3/14/6/ Jondon S	ark Sattlemenso	Tred
1	1 1 1	25 PECID BY RECISTRAD 256 DECISTRADIS	CHATIRE
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S &	CASTRONAL.
4	I HOLDING YOUN ON	DATE	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

02865

1. PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Re b. COUNTY Baltimore 3. USUAL RESIDENCE (Where deceased lived. If institution: Re c. STATE Maryland b. COUNTY Baltimore	esidence before admission) altimore
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Putty H111 C. LENGTH OF STAY IN 1b Putty H111	and give nearest lawn)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 7922 Rolling View Road 7922 Rolling View Road	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF First Middle Lost 4. DATE Month OF OF DECEASED (Type or print) JUSTINE ZOLMAN March 2	Day Year 2. 19 63
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthdoy) More Widowed Divorced March 23, 1883 77 yrs.	NDER 1 YEAR IF UNDER 24 HE
At home Poland	U.S.A.
John Wunder Catherine Ziprick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. 1 Unknown) (If yes, give wor or doles of service) Nrs. John Raschka 1409 Vesper Avenue (If yes, give wor or doles of service)	e22
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which (b) Myocarditis, Chronic	140
couse (a), stating the under- DUE TO UVTEVIO SCIEVO SIS	sino
	PART (6) 19. WAS AUTOP: PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While of work of twork of twork 19 of work	(County) (Sto
17 4 1	19.6/_, that (I) (we) lo
220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. M.D. ATTENDING DIRECTOR DIRECTOR PHYS. M.D. ATTENDING DIRECTOR DIREC	3/23/6/
22c. PHYSICIAN'S NAME (Type) David H. Andrew 33 Dundalk Ave	Dundalko
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or countries) Burial Mar. 25, 1961 Christ LutheranCemetery Dundalk, Mc	i.
	er's SIGNATURE
	D. COUNTY Baltimore b. CITY OR TOWN (If outside carporate limits, write RURAL of give names town) Putty Hill d. NAME OF DESTRAL (in or in hospital, give street oddress) OR INSTITUTION 7922 Rolling View Road 3. NAME OF DECEASED (In or print) JUSTINE S. SEX 6. COLOR OR RACE WIDOWED DIVORCED WIDOWED DIVORCED DIVORCED DIVORCED B. DATE OF BIRTH March 25, 1883 9. AGE (In year) [If U outside corporate limits, write RURAL Month Putty Hill ACT OF BIRTH Month March 25, 1883 9. AGE (In year) [If U outside corporate limits, write RURAL Month Putty Hill Non-Widdle S. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED B. DATE OF BIRTH March 25, 1883 9. AGE (In year) [If U outside corporate limits, write RURAL Month March 25, 1883 106. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Store or foreign country) At home John Wundler 15. WAS DECEASEDEVER IN U. S. ARMED FORCEST (In SOCIAL SECURITY NO. 17. INFORMANT NO. 18. CAUSE OF DEATH [Enter only one couse per line for [o], [b]. and (c).] PART I. DEATH WAS CAUSED BY. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (I) DUE TO Conditions, if only, which gave rise to immediate country one couse per line for [o], [b]. and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IT S. CALL OF DEATH [Enter only one couse per line for [o], [o]. and the under couse [o]. Holding the under couse [o]. While work of work in order of work in order of injury in Port I or Port II of item 18.] 200. ACCIDENT WAS UNDERLYING PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IT 21. I Certify that (I) (this hospital) attended the deceased fram. 19

TO HOSP VR A15 15M 9/